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Twenty-sixth special session

Official Records

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Monday, 25 June 2001, 3 p.m.
New York

President: Mr. Holkeri ..... (Finland)

The meeting was called to order at 3.55 p.m.

Agenda item 7 (*continued*)

Review of the problem of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) in all its aspects

The President: The Assembly will now hear a statement by His Excellency the Right Honourable Pakalitha Bethuel Mosisili, Prime Minister of the Kingdom of Lesotho.

Mr. Mosisili (Lesotho): This special session on HIV/AIDS offers a unique opportunity for us to assess the global impact of the AIDS pandemic and the commitment we made at the Millennium Summit to intensifying our actions in fighting this formidable scourge.

In recognition of the challenges posed to our subcontinent and the need for even more intensive efforts at the national level, the Government of Lesotho has declared HIV/AIDS a national disaster and, as such, it is being addressed in all public forums. The Lesotho Aids Programme Coordinating Authority has been established within the Prime Minister's office to oversee the national multisectoral response, as envisaged in the national strategic plan on HIV/AIDS.

Lesotho fully subscribes to the target of 25 per cent reduction by the year 2003 in the prevalence of HIV/AIDS among the 15 to 24 years age group. Our efforts at achieving this are slowly beginning to bear fruit, as evidenced by the high level of knowledge and awareness about HIV/AIDS, which is now estimated at 95 per cent.

Mr. Vohidov (Uzbekistan), Vice-President, took the Chair.

Major changes are, however, yet to be witnessed in behaviour. To this end, we are reorienting and strengthening our communications efforts towards sustainable behaviour change, with special emphasis on young people. We are also working on modalities for the extension of voluntary counselling and testing, as well as the prevention of mother-to-child transmission. We provide drugs for the treatment of opportunistic infections and will soon reach a decision on the availability and accessibility of antiretroviral therapy. However, we need support for strengthening our infrastructure, access to drugs and human resource capacity. The provision of quality home- and community-based care is also a top priority.

We believe that it is a basic human right of both the infected and affected to have access to quality care and support at all levels of our service delivery. We are thus making every effort to ensure that the human rights of both the infected and affected are respected. To this end, we are focusing on removing the stigma attached to the disease and, through the ongoing law reform process, also removing the gender disparities that negatively impact the capacity of women and girls to take control of their sexual health. We acknowledge that social empowerment at the community and household levels will have to be intensified for the

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laws to have the desired effect on the day-to-day lives of women.

The rapid increase in the number of orphans has prompted us to direct efforts at ensuring the protection and maintenance of their access to health care, education, food and shelter. We are thus reviewing our child and social welfare policies, as well as mobilizing support for and of the concerned sectors.

For all the outcomes mentioned above to become a reality, resource availability is key. The Government of Lesotho has already decreed that every government sector should allocate a minimum of 2 per cent of its budget to AIDS control activities. We are also planning to hold a donor round-table conference in October 2001 to obtain support for our national HIV/AIDS strategic plan.

We should all be aware that any anticipated changes in the status of HIV/AIDS will not be realized if the constraints and underlying factors — including poverty, food availability and access, stigma, infrastructure, human resource capacity and drug availability — are not addressed. We thus urge the donor community to support country efforts in addressing these issues in a coordinated manner. Lesotho supports the initiative of the Secretary-General to establish a global fund for HIV/AIDS. We further request the donor community to honour the agreed target of an allocation of 0.7 per cent of their gross national product to overseas development assistance.

In conclusion, we are committed to an eventual HIV/AIDS-free Lesotho. We will continue our cooperation and collaboration nationally, regionally and globally so that we may, together, win this fight.

The Acting President: The Assembly will now hear a statement by His Excellency Mr. Alpha Oumar Konaré, President of the Republic of Mali.

President Konaré (*spoke in French*): We are here today in our common house to share a great plan with peoples and with nations. The United Nations is meeting today, as the active conscience of the international community, to provide a decisive impetus to the struggle undertaken nearly a quarter of a century ago against an illness that raises tremendous questions and concerns regarding the future of the African continent. This is a time for deeply felt moments of love, for sharing, for confidence. This is not a time for fear, for withdrawal, or for simply putting on a show.

I should like to share with the Assembly a deeply felt conviction: that the future of Africa is decisive for peace, security and international stability. No future for humankind is conceivable without Africa, or even separately from Africa. This is made particularly clear by the question before us today.

Let me add also that there can be no fight against AIDS that is not specifically and primarily based on Africa — on its painful but extremely instructive experience and on its clear-sighted will and determination to stem the scourge. Faced with the serious threat that looms over us, we must look critically at past actions. We must undertake a more comprehensive, realistic analysis. We must not give in to a feeling of powerlessness in the face of the magnitude of the difficulties facing us and the particularly unfavourable situation that prevails with respect to AIDS.

That is why I am defining this meeting as one of responsibility and hope — responsibility, because it attests to the vitality of an international community that fully shoulders its responsibilities towards its disadvantaged members and that is ready to act without any discrimination; and hope, for we will be showing our solidarity with those millions who are ill and whose future depends entirely on the present. This is a meeting inspired by an ethical system of respect for, and confidence in, the human being.

Pessimists believe that an African apocalypse is inevitable. They are resigned to seeing the continent overwhelmed by its difficulties and by a devastating holocaust.

It is the role and the mission of the United Nations to mark the way ahead, to provide the inspiration for the efforts that are needed, and to mobilize the means for the struggle and coordinate them with the States involved, with their full participation — that is, by making them aware of their responsibilities.

Today, the universal nature of the challenge means that all citizens of the planet are affected by the AIDS epidemic. Africa and the world therefore have good reason to expect a great deal from this session.

The universal general interest indeed requires us to reject the imposition of a system that would work to the exclusive benefit of the wealthy. In this particular area, as with any question dealing of the survival of

humankind, we must promote international law and jurisprudence by adopting the concept of the global public good, which is indispensable for the survival of the human race.

In sub-Saharan Africa, the epidemic and its devastating effects are at the root of an unprecedented number of cases of morbidity and mortality. The result is an unacceptable social and economic burden, reduced life expectancy, and a significant decrease in national revenue for the 10 years ahead.

Africa is therefore in a situation of absolute emergency. Now more than ever, the global conscience of humanity must respond to the challenge of dealing with this epidemic, whose tragic triptych of AIDS, malaria and tuberculosis has been decimating the vital forces of the continent.

AIDS is an illness of poverty, growing in the midst of and due to poverty. It is spreading so extensively in Africa because African soil provides a particularly favourable environment for its development, more so than anywhere else. This phenomenon is promoted by poverty, war and armed conflict, and by the refugees that follow in their wake.

Let us be clear: the commitment to combat AIDS requires that countries in conflict obey the moral imperative of putting an end to those conflicts.

The epidemic has reached a level that is unbearable for our continent and poses a serious threat to its economic and social development. That is why the African heads of State, meeting in special session in Abuja, solemnly reaffirmed their commitment to combat this scourge through all possible means.

But the commitment of Africa at the highest level to combat HIV/AIDS is a long-standing one.

In Mali, since the establishment of our various national programmes to combat AIDS, a plethora of efforts have been made to stem this epidemic. All segments of our society have slowly but gradually become involved. Jointly, the Government and civil society are playing a primary role in the local response to the epidemic, in particular through the "One non-governmental organization, one health district" initiative.

Association of persons living with HIV/AIDS are at present contributing in a decisive manner to breaking the silence that surrounds the epidemic. They are also contributing to the care of persons infected and affected by HIV/AIDS.

The National Assembly, like other institutions of the Republic, has also taken on an active role, in particular in the areas of advocacy and social mobilization.

In the area of communications, the media and national, private and community radio stations have made a great contribution to disseminating information. The "AIDS synchronous" initiative, under which a nationwide network of radio stations focuses on the subject of AIDS for the month of December, merits emphasis given its originality.

The Imams and the Ulemas, as well as Christian organizations of all denominations, have made an outstanding contribution in the framework of prevention and of caring for those persons infected and affected by HIV/AIDS. Traditional practitioners, whose role is often less visible, are also participating in prevention efforts and in the treatment of AIDS-related opportunistic infections.

Action at the subregional level should be emphasized. The integration of our various national programmes to combat HIV/AIDS will make it possible to realize greater savings and to avoid needless duplication in our research efforts and our activities.

This special session must translate words into action and provide the means for a crusade against HIV/AIDS at the global level. Indeed, the full engagement of world leaders at the highest level can mobilize the necessary forces to combat the epidemic, reverse its course and ultimately eradicate it.

We are convinced that no State must be left alone in the face of HIV/AIDS. If countries are not eligible for one or another form of financing, then exceptional measures must be devised to help them to cope. We must here and now declare an "AIDS exception". We must form a coalition of national and international partners against AIDS. Only in this way can we protect ourselves in order to preserve society, contribute to maintaining life and share with those around us reasons for life and for hope.

It is for all of these reasons that we support the Secretary-General's initiative to establish a global AIDS health fund. Its management must be rigorous and transparent, but without complicated procedures, in

order to facilitate its access to areas and to individuals in need.

For an exceptional situation, exceptional measures are called for. This is why Mali, while welcoming the encouraging results obtained by some countries in terms of the reduction of costs of medicines, is appealing for negotiations with pharmaceutical firms to be undertaken by others so that access to quality health care for opportunistic HIV/AIDS infections and to antiretroviral medicines will become a reality throughout Africa.

We are, finally, convinced that Africa, united and assured of a strengthened partnership on the part of the international community, will overcome AIDS and all the negative behaviour arising from AIDS.

Our problem, to sum it up, is indeed a very simple one. For this new century, are we going to build a civilization of values and of progress, knit together around man, or will we allow humankind to be destroyed through a lack of imagination and of will? Through a lack of solidarity? Our choice is clear — it is to live and work together to conquer this scourge. That is the challenge to which we are condemned to respond during this session.

The Acting President: The Assembly will now hear a statement by His Excellency Mr. Mathias Sinamenye, Vice-President of the Republic of Burundi.

Mr. Sinamenye (Burundi) (*spoke in French*): The struggle against AIDS has become a struggle for survival for our populations. AIDS is killing those who are most productive. It is affecting the youngest of our fellow citizens, and in so doing it is restricting our potential for development for today and for tomorrow. It is jeopardizing all of the efforts we are making to reduce poverty and provide a better life for our people.

In the case of Burundi, the HIV-positive rate has gone from less than 1 per cent in 1983 to approximately 15 per cent today in urban areas, and the rate is 7.5 per cent in rural areas. This demonstrates the seriousness of the situation.

AIDS today has become the primary cause of death for adults and one of the major causes of infant morbidity and mortality. The community in Burundi today must cope with increased social burdens and shoulder the negative impact of this scourge on the entire economy. Given such a situation, the Government of Burundi has established a strategic national plan to combat AIDS. That plan is multisectoral in seeking a way to cope with the illness, which is not only medical but also social.

Particular emphasis has been placed on preventive action, in which the network of individuals affected by HIV/AIDS and young people are called upon to play a role of primary importance. In addition, the Government has accelerated mobilization of the population with the support of political and religious leaders, associations to combat AIDS, women's associations and other private actors. To this end, the establishment of the National Council to Combat AIDS — an organ for concerted action and for raising awareness of this scourge, but also to mobilize resources — has supplemented our existing means.

In order to improve access to treatment for those who are ill with AIDS, the Government has also established a National Fund for Therapeutic Solidarity and has eliminated customs and other taxes on medicines, including antiretroviral medications. It has just concluded agreements with several pharmaceutical firms for price reductions of antiretroviral medicines.

Despite all of these steps, antiretroviral medicines remain inaccessible to most of the patients. This is why the availability of antiretroviral medicines in generic form seems to us the only possibility for coping with this epidemic for patients from poor countries. I would venture to hope that this issue of the production of generic antiretroviral medicines will be favourably resolved by the economic groups involved in a solution favourable to life and health.

The Government of Burundi has mobilized to seek means to combat AIDS. During the donors conference in Paris, the international community promised financial support. I have no doubt that these promises will be made specific by fully incorporating the urgency of the situation.

All of these actions which have been planned to stem the scourge of AIDS in my country will doubtless be fruitless if war and insecurity persist, for war is contributing to the spread of AIDS. This is why, after two years of negotiation, with the outstanding mediation of Mr. Nelson Mandela, and the signing of the Arusha Peace Agreement on 28 August 2000, the establishment of a ceasefire is a sine qua non for bringing the peace process to a successful conclusion and implementing the programme contained in the peace agreement. But since the signing of the

agreement rebel groups have stepped up their attacks, in particular against civilian populations and targets. The international community and the countries of the region must be harsher regarding those who reject peace. They must be ready, in accordance with the Peace Agreement, to consider present acts of violence by rebel groups as a rejection of negotiations, and they must be ready to take all appropriate measures to deal with the situation, including sanctions.

In such a context, if violence and war do not cease, it will be extremely difficult for us to implement several provisions of the Agreement. This is why I am taking this opportunity to urgently ask the international community, which has so promised, to do everything possible to demand of the rebel groups that they return to the Arusha peace process.

In Burundi, AIDS is doing as much killing as war does; we need to do everything within our power to conquer both of them. This is what the Government of Burundi is attempting to do with modest means and in an extremely difficult environment. We should continue to protect vulnerable persons and orphans, to promote respect for the fundamental rights of the human person, to reduce vulnerability to HIV/AIDS and to provide support to those who are ill.

The mobilization of populations to combat AIDS is under way, and so is international mobilization. Here, I would like to pay a tribute to the initiative of the Secretary-General, Kofi Annan, for the creation of a global AIDS health fund in the fight against AIDS. This is also an opportunity to thank all of those who have contributed to it or who are planning to do so.

Finally, I would like to thank all of those who pledged contributions for Burundi in December 2000 in Paris, in particular to combat poverty and AIDS. Some of these projects have already made great headway, but I would like to ask everyone to pursue their commitments, in particularly through participation in the thematic consultations to combat AIDS planned for September 2001.

The Acting President: I now give the floor to Her Excellency Ms. Elf Borst-Eilers, Deputy Prime Minister, Minister of Health, Welfare and Sports of the Kingdom of the Netherlands.

Ms. Borst-Eilers (Netherlands): The Government of the Netherlands hopes wholeheartedly that this meeting will inspire an even stronger personal, national and international commitment to the fight against HIV/AIDS — a commitment by us, Governments, in close cooperation with civil society.

The epidemic is spreading like wildfire all over the world. Ten people are infected each and every minute — nine of them in developing countries. But AIDS is also rapidly spreading in Eastern Europe, the Caribbean and Asia. It is a fact that people living in poverty run a greater risk of infection. It is a fact that AIDS leads to higher costs, lower productivity and lower economic growth, creating a vicious circle. AIDS has a momentous impact on a country's development, as well as on the individual lives of its inhabitants.

Investing in poverty reduction is crucial in fighting the AIDS pandemic. Pro-poor growth and participatory governance is the best way to eradicate AIDS. Development is crucial, therefore, but more is needed. Solutions for the AIDS crisis should be based on respect for human rights as a guiding principle. Gender equality is a fundamental element in reducing the vulnerability of women and girls to HIV/AIDS. Therefore, empowerment of women and girls is of the essence, so that they can insist on safe sex.

Non-discrimination against HIV-infected people is not just humane, but it is also essential to avoid stigma; and fear of stigma is a major reason for denial, which hampers effective prevention. HIV-infected people are members of our societies, who should have access to work and be able to travel. The promotion and protection of human rights are inherent in reducing vulnerability to HIV/AIDS. I was very encouraged by the inspiring words of the Secretary-General this morning on this issue.

All this demands leadership — leadership by all of us — and political commitment is crucial. As long as political leaders trivialize or underestimate the problem, valuable time and human lives will continue to be lost. We have to create openness on the issue; we have to stimulate a frank and in-depth approach, involving civil society, so as to meet the challenges we face.

The Netherlands has taken the approach that prevention and the improvement of the health-care system are the cornerstone of a viable AIDS strategy. In order to win the fight, we need to invest in improvements to basic health care. We have to be sure that those improvements correspond to the needs of the

affected countries. Prevention, education, information and advocacy need to be further developed on a professional and large-scale basis to reach our peoples. Our Government has therefore substantially and wholeheartedly supported the important work of UNAIDS and the United Nations Population Fund (UNFPA). The special session should commend the invaluable work of these United Nations bodies.

Treatment, access to medication and research are, of course, also part of a viable AIDS strategy. The Netherlands is one of the biggest donors to the International Aids Vaccine Initiative (IAVI). We must set our sights on the future and invest far more all over the world in the development of microbicides and a vaccine. I reiterate the Dutch Government's stance that developing countries should always be in a position to produce or import medicines that their peoples can afford. We have consistently emphasized the flexibility under the TRIPs Agreement. The Governments of developing countries should be in the position to compel pharmaceutical companies to produce for the local market or obtain cheap medicines through parallel imports.

A few words on the financial implications now. To fight the pandemic effectively, more money is essential. That is clear. The question is whether a global health and HIV/AIDS fund is the best way to raise that money. Many existing United Nations organizations, international initiatives and non-governmental organizations have more than proved their worth. They still lack sufficient resources, however. Let us not forget to support them better; let us not enter into a budgetary competition between those commendable and valuable organizations and new initiatives.

Now that a global health and HIV/AIDS fund is going to be established, I would expect the founding fathers of this idea to put their money where their mouth is. However, will this money truly be new and additional? And what conditions will be set? For example, I would be strongly opposed to any conditions that limit the flexibility of the TRIPs Agreement. We also need more clarity on the administration and management of the fund. In agreement with my honourable colleague, Clare Short, I would like to see the fund modelled on the successful Global Alliance for Vaccines and Immunization (GAVI), the global vaccines initiative. The affected countries ought to be fully involved in the fund's ultimate structure. We can no longer afford to do without their valuable ideas. Management of the fund should be a fully participatory enterprise.

The fund should seek synergy with existing initiatives, such as those of UNAIDS, UNFPA, GAVI and IAVI. Duplication or competition with existing funds and programmes should be avoided.

Once these concerns have been fully addressed, the Government of the Netherlands will be prepared to contribute. And as usual, our contribution will be substantial and additional. Our contribution will depend on the pledges of all G-7 countries in terms of additional money. We sincerely hope that the G-7 countries will challenge us on this, as some of them already did this morning.

AIDS is a problem of the world. It doesn't know any boundaries. Every country is affected. The Netherlands has also had its share in the grievance and loss that AIDS brings. Since 1985 we have been fighting a tenacious battle. Our weapons are openness, acknowledgement and information. Involvement of HIV-infected people, intravenous drug users, homosexuals, sex workers and young people has proven to be key. Infection rates are on the decline for now. However, complacency has been deleted from our word stock.

Twenty years after the start of the pandemic, here we are, finally, discussing it at the highest political level, forced to acknowledge that we have fallen short. Twenty years and millions of deaths later, there are no more excuses for denial or anything but openness, decisiveness and leadership. That is our pledge today.

The Acting President: I give the floor to His Excellency Mr. Pitak Intrawityanunt, Deputy Prime Minister of Thailand.

Mr. Intrawityanunt (Thailand): On behalf of the Government of Thailand, it is a privilege and a pleasure for me to address the twenty-sixth special session of the General Assembly on HIV/AIDS. In view of the time constraints, I will make only a few brief remarks, as the full text of my statement will be circulated.

This special session, the first high-level intergovernmental conference dedicated to the issue of HIV/AIDS, is indeed a timely initiative and opportunity for all of us to pledge our political and

financial commitment to fight against the HIV/AIDS epidemic.

Over the past two decades, since the first case of HIV/AIDS, more than 22 million people worldwide have been killed. More lives have been lost to HIV/AIDS than to any kind of weapon of mass destruction. Currently, more than 36 million people are afflicted by the epidemic. HIV/AIDS is a silent global menace which threatens not only development and human security, but also international security, to the extent that the global nature of the threat has already been acknowledged by the Security Council.

HIV/AIDS is thus not a threat which any one country can address alone. It is a global crisis that needs not only national action but also regional and global cooperation. We must find ways and means to make good our resolve, stated in the Millennium Declaration, to have halted, by 2015, and to have begun to reverse, the spread of HIV/AIDS as well as the scourge of malaria and other major diseases that afflict humanity. To tackle the scourge of HIV/AIDS effectively, we must take shared responsibility in managing worldwide economic and social development as well as threats to international security, as called for by our leaders at the Millennium Summit just last year.

Recently, in our region, the Economic and Social Commission for Asia and the Pacific, at its fifty-seventh annual session, adopted by consensus a resolution submitted by Thailand, entitled "Regional call for action to fight HIV/AIDS in Asia and the Pacific". In South-East Asia, leaders of the members of the Association of South-East Asian Nations (ASEAN) have also recognized the urgency of the HIV/AIDS problem and will convene a special ASEAN summit on HIV/AIDS this coming November.

Thailand will also have the honour of hosting two very important international conferences, namely the fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS, to be held from 17 to 20 December this year, and the fifteenth International Conference on AIDS, to be held in 2004.

As a country hard hit by HIV/AIDS, Thailand is gratified to be cited by United Nations agencies, the World Bank and many other organizations as having conducted one of the world's most successful AIDS prevention and awareness programmes. Indeed, our record in tackling the AIDS epidemic shows that the AIDS epidemic can be contained. From the drastic projection made in 1991 that, by 2001, 4 million people in our country would be infected with HIV/AIDS, we have instead seen the number of HIV/AIDS carriers drop by 77 per cent from that projection to less than 1 million today.

As part of our contribution to fighting this global epidemic, Thailand is prepared not only to share our experiences, but also to provide the appropriate technical assistance to other developing countries, including our friends from the African continent, in the spirit of South-South cooperation.

One of the key lessons we have learned from the HIV/AIDS experience is that the leadership must recognize the devastating scale of the epidemic and must be willing to discuss openly the enormity of the HIV/AIDS problem. Thailand was the first Asian country to break the silence and face the crisis head on. Secondly, we need to tackle the HIV/AIDS problem from both the prevention and the treatment perspectives. Thirdly, we also need to take a holistic approach which addresses human, social, economic and cultural aspects of the HIV/AIDS problem.

In particular, concerted nationwide education, prevention and awareness programmes do indeed work in controlling the spread of HIV/AIDS. And to be effective, such programmes need to encompass all sectors of society, involving efforts from the highest level to the grass-roots level, including non-governmental organizations and people living with HIV/AIDS.

In tandem with preventive measures, it is a must that care, support and treatment be an integral part of our effective response to the epidemic. However, for developing countries, the prohibitively high prices of essential drugs limit people's access to treatment.

We are very pleased to see that the United Nations has finally taken the lead in recognizing that HIV/AIDS is not only a medical and health-care issue, but also a humanitarian issue, and that it has convened this special session. We appreciate the role of UNAIDS in that regard. We also support the draft declaration of commitment to be adopted at this special session.

In that connection, Thailand wishes to urge drug-producing countries, regional and international organizations and institutions, especially the United Nations, and civil society, in particular pharmaceutical

companies, to be actively involved in research and development related to HIV/AIDS vaccines and drugs, and to help make HIV vaccines and HIV/AIDS-related drugs more widely accessible and affordable by all who need them in developing countries. The production of such life-saving drugs needs to be guided more by humanitarian concerns and less by purely commercial motives.

All efforts and programmes against HIV/AIDS require not only political commitment but also financial resources. Some may claim that the costs of tackling the HIV/AIDS epidemic are too high, requiring $7 billion to $10 billion annually according to United Nations estimates. But considering that each of the world's 29 richest individuals has more than that figure in assets, and if the developed countries and the private sector, including those wealthy individuals, were to pitch in for the global struggle against HIV/AIDS, then $7 billion to $10 billion is not at all a high figure, and is certainly within our reach.

We have been fighting HIV/AIDS for more than two decades, since the first incidence of HIV/AIDS. Experiences have been shared; lessons have been learned. Still, much remains to be done, as millions of infected and affected people are dying while waiting for our help. Surely, we cannot remain indifferent. This is one humanitarian intervention to which no one should have any objection.

This special session is a promising beginning in our global crusade against this global crisis. I am confident that, with determination, sacrifice and good faith, we will attain our goal of halting the spread of HIV/AIDS by 2015. For the good of mankind, Thailand for its part is ready to play an active role in that endeavour.

The Acting President: I now give the floor to His Excellency Mr. Rogelio Pardo, Minister of Public Health of Costa Rica.

Mr. Pardo (Costa Rica) (*spoke in Spanish*): Allow me at the outset to convey my congratulations to Mr. Harri Holkeri on his well deserved election to preside over the activities of this special session of the General Assembly to review the problem of human immunodeficiency virus/acquired immunodeficiency syndrome in all its aspects. I would like also to acknowledge the excellent work of the facilitators in the preparatory process and the valuable contribution of the UNAIDS office towards the convening of this session.

The AIDS pandemic has become a major tragedy. We have heard many statistics, and it is estimated that today more than 21 million people have died as a direct consequence of the epidemic. In the Latin American and Caribbean region alone almost 2 million people suffer from this infection, which has grave consequences for our countries. While the social and human effects of AIDS are immeasurable, its economic impact is all too clear: the epidemic will dramatically reduce world economic growth.

The epidemiology of HIV/AIDS in Costa Rica has shown gradual growth. Between 1983 and November 2000 we diagnosed 3,679 HIV/AIDS cases, with a small reduction in incidence during the past two years. Eighty-eight per cent of cases occur among males but, in the past few years, the trend has been towards a growing number of cases among women. The segment between the ages of 25 to 39 is the most affected, accounting for 58 per cent of cases.

In my country, sexual transmission is the principal means of infection. Infection is more frequent among homosexuals, who account for 44.6 per cent of cases, followed by heterosexuals, with 23.8 per cent of cases, and bisexuals, who represent 15.9 per cent of cases. Transmission to haemophiliacs and through blood transfusions appears to have stopped, now amounting to only 3.4 per cent of cases. Prenatal transmission, accounting for 1.5 per cent of cases, and contagion among intravenous drug addicts, amounting to 1.1 per cent, while not high, are nonetheless alarming.

In the light of that epidemiological situation, my Government has formulated a new national strategic plan for the period 2001-2004. Under that plan, we emphasize publicity and prevention, social communication and education, and information addressed to vulnerable groups, as well as broadening the coverage of detection, diagnosis, follow-up and quality of treatment, reduction in the costs of treatment, comprehensive epidemiological attention and the building and strengthening of partnerships. We have set concrete goals in each of those priority areas, which we endeavour to achieve with the valuable support of many public and private institutions and civil society.

At present, Costa Rica provides protocolized treatment to people living with AIDS. Such treatment, along with comprehensive attention, support and advice to families, is fully guaranteed through our public health system. In recent years, our policy of careful management of generic drugs has resulted in cost reductions without lowering the quality of the medicines that are used. We support all initiatives to reduce further the cost of treatment and to develop even more effective drugs.

Costa Rica supports the draft declaration of commitment to be adopted at the end of this session; it reflects our main interests and priorities. Thus, I will limit myself to underlining a few issues of special concern to us.

We believe that it is indispensable to strengthen leadership and organization in the fight against HIV/AIDS in order to build up substantially national and international financing plans while enabling each State to see to the proper administration and management of such plans.

We are convinced that the best answer to this challenge is to strengthen prevention, especially of sexual and mother-to-child transmission. Regarding sexual transmission, we advocate the adoption of firm and universal publicity and educational measures aimed at reducing vulnerability, particularly among high-risk groups, and of concrete goals for the implementation of those measures. In Costa Rica, we are committed to promoting sex education both in primary and secondary schools and among young people outside the educational system, migrants, sex workers and men who have sex with men.

Costa Rica, as a steadfast advocate of human rights, supports all initiatives to eradicate discrimination against and segregation of people who are HIV-positive or who are living with AIDS. In April 1998, we enacted a general law on HIV/AIDS, which defined the responsibilities of the organizations dealing with this issue and the rights and obligations of people living with HIV/AIDS. It also set up mechanisms designed to reduce discrimination and to promote the social integration of those affected by the HIV virus.

My country endorses efforts to promote chemical, biological and social research. We are particularly interested in studying the habits and behaviour of *higher-risk*, *higher*-vulnerability population groups, and in developing new technologies and strategies for prevention and treatment. I reaffirm our willingness to share with other developing nations the wealth of experience that we have accumulated in the area of medical treatment. We are confident that the United Nations system and donor countries will help create the conditions necessary to support such horizontal cooperation.

Finally, let me reaffirm our commitment to the global fight against the scourge of AIDS. We are confident that this special session of the General Assembly will enable the international community to muster the political will that is indispensable to face jointly this challenge. Only thus will we be able to adopt the taxing and wide-ranging goals we must meet to overcome the pandemic and, by working together, to give meaning and dignity to our existence.

The Acting President: I call next on His Excellency Mr. Lars Engqvist, Minister for Health and Social Affairs of Sweden.

Mr. Engqvist (Sweden): I have the honour of speaking on behalf of the European Union (EU). The Central and Eastern European countries associated with the EU, Bulgaria, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Romania, Slovakia, Slovenia, and the associated countries, Cyprus, Malta and Turkey, align themselves with this statement. A full version of the statement is now being circulated and I will focus on some of its points.

As we pass into the third decade of the HIV/AIDS pandemic, we have repeatedly learned that we must speak openly about the epidemic, and honestly take into account which individuals are at greatest risk in the transmission of HIV, and how they come to be at risk. HIV is to a large part sexually transmitted. For an effective response to the epidemic, it is absolutely crucial that sexuality be addressed in an open and straightforward manner. We must take effective measures to ensure that people everywhere, particularly young people, know how to protect themselves from being infected. We have to facilitate access to education on sex and interpersonal relations, and access to services and methods of prevention. This should be a mainstay of HIV programmes.

Groups particularly vulnerable to HIV, such as men who have sex with men, men and women involved in prostitution and commercial sex, intravenous drug users, prisoners, mobile populations, migrants and

others who are difficult to reach with information must be especially targeted by prevention efforts.

The unequal power relationships between women and men, in which women often do not have the power to insist on safe sex, endanger the health of women and girls. Every woman and girl has a right to decide freely on her own sexuality and to say no to unwanted and unprotected sex. Prevention and treatment are complementary pillars of the expanded response to AIDS. The prospects for making HIV medicine available to large groups of HIV patients in low-resource settings are improving significantly.

This brings hope for better protecting lives and human dignity. However, we must not forget that drugs are only a part of the solution for stopping the epidemic. There is a need to strengthen the capacity of health systems to administer HIV medicines properly and equitably. Further research into cheaper and more effective treatments to combat the symptoms of the disease are necessary. The world also has to increase its efforts to develop effective and safe vaccines and microbicides.

The heaviest burden of AIDS is borne by the poor, and AIDS drives countries and people further into poverty. To reverse the spread of the disease, we must reduce poverty.

To this end, the EU, in May, adopted a programme for accelerated action on HIV/AIDS, malaria and tuberculosis, addressing prevention, care and support. The new programme consists of three pillars: first, increasing the impact of existing interventions to prevent and treat communicable diseases; second, improving the affordability of key pharmaceuticals through, inter alia, a broader application of effective, global, tiered pricing of medicines and the promotion of viable and sustainable production for the benefit of affected developing countries; third, supporting the research and development of specific global public goods, such as vaccines and medicines to confront these diseases.

These challenges cannot be met without new, additional and sustained resources. The European Union therefore fully welcomes the proposal presented by the Secretary-General and several donor countries to establish a global HIV/AIDS and health fund. We believe that the fund should tackle the three major communicable diseases: HIV/AIDS, malaria and tuberculosis. The fund's activities must be focused on the delivery of goals in health and should therefore also include, besides prevention, access to care and treatment.

Together with the international community, the EU commits itself to strengthening efforts to combat these major threats to life and development, and to contributing significantly to the fund once agreement has been reached on the establishment of such a fund. The EU recognizes and emphasizes the vital role and essential contribution of civil society actors in the fight against HIV/AIDS, in particular, people living with HIV/AIDS. They must be included in the development and implementation of programmes to the maximum extent possible. The EU recognizes the crucial role played by civil society, UNAIDS and others, and it strongly commends their devoted work.

Accordingly, the EU attaches great importance to being able, at this special session, to listen to the contributions of representatives of civil society. We must make sure that we go forward from here. We must speak out. We must scale up our responses. We must commit more resources. Most of all, and most important of all, we must show leadership.

The Acting President: I give the floor to Her Excellency Ms. Michelle Bachelet, Minister for Health of Chile.

Ms. Bachelet (Chile) (*spoke in Spanish*): On behalf of the delegation of Chile, which is comprised of representatives of our Government and parliament, people living with HIV/AIDS, and the scientific community, I welcome the efforts of the Member States of this body to place at the centre of global debate an issue as important as HIV/AIDS, as a commitment to all of humanity.

Twenty years after the description of the first cases of people with AIDS, we attach great value to the important decision taken by Mr. Kofi Annan, Secretary-General of the United Nations, to involve nations in this effort to face up to AIDS globally and to consider it an authentic worldwide emergency. We urgently needed a reaction from the international community commensurate with the challenges which have gradually developed with this epidemic, especially in the developing countries.

In this regard, my Government supports the efforts to create a global AIDS health fund as a substantial advance in the fight to reduce the huge

economic disparities existing between the industrialized world and those countries with fewer resources with respect to their ability to respond to HIV. We believe this initiative expresses solidarity with, and understanding of, the difficulties that many of our countries face in implementing policies appropriate to this epidemic. We would also like to highlight the commitment of the Rio Group to the objectives and aims that have been proposed as a result of this special session of the General Assembly. This commitment expresses the sensitivity of the American continent to this problem.

The problem we are discussing is complex, but despite the difficulties inherent in processes in which diverse values, interests and cultures collide, the Assembly is expressing, and must express firmly, the commitment of humankind to contain the HIV/AIDS epidemic and to secure the rights of, and a better quality of life for, our peoples.

For my Government, full respect for the rights of people living with HIV/AIDS and of the most vulnerable segments of the population is not only a duty that is incumbent upon the States but also a prerequisite for making progress towards containing the epidemic and fulfilling the ethical imperatives of an increasingly democratic society.

In Chile, the epidemic is due mainly to sexual transmission, mainly among homosexual or bisexual men. This epidemiological characteristic and the results of studies and evaluations have provided us with the basis for devising working strategies and policies for prevention and treatment. These have been developed with the active participation of other public institutions and of civil society, in particular organizations of people living with HIV/AIDS and those who are most vulnerable to the epidemic, as well as church and humanitarian organizations in general.

This response is a clear signal of our conviction that economic, political, legal and sociocultural factors determine the vulnerability of people to HIV. This has led to our decision to devise together, with the participation of all actors involved, policies that promote human development and solidarity and that recognize diversity as a cultural asset. This is the focus of our efforts.

Aware of our responsibility as a State towards persons living with HIV/AIDS, and despite our limitations, which are mainly economic, we have made a clear choice. Our Government has gradually increased the budgets allocated to this area, providing direct medical attention as well as training for health-care teams throughout the country. We are expanding health coverage, which, thanks to international support, now covers 80 per cent of the country. We have worked to promote health and to prevent the transmission of HIV through education and communication, including the necessary means to effect behavioural changes in the area of sexuality.

Furthermore, my Government is convinced that it is indispensable to strengthen the psycho-social factors that promote the prevention of HIV and to take a comprehensive approach in the workplace and in the area of education and health. Consequently, we decided to institutionalize that policy through the adoption of a law, elaborated jointly with the Parliament, the Government and people living with HIV/AIDS.

In the face of a problem such as AIDS, the role of international cooperation has been, and must continue to be, an extremely important tool to achieve both national and global objectives. For this reason, together with the work that we have done through international agencies such as the World Health Organization, the Pan American Health Organization and UNAIDS, we have participated in the Horizontal Technical Cooperation Group on HIV/AIDS of Latin America and the Caribbean. This proposal has become one of the driving forces of collaboration among the countries of the South.

Moreover, Chile had the privilege of participating in the UNAIDS initiative to facilitate access to drugs, which will allow us considerably to improve therapy coverage in our country. The Government recently reached an agreement with multinational companies that will make it possible to lower the price of medicines by 70 per cent on average.

We would like to share this positive experience with interested countries, in the framework of UNAIDS. We would have liked this to have been done earlier. We would have avoided a lot of pain and death. We could have been more effective in maintaining a balance in the use of the resources — always insufficient — that are required for prevention and treatment. We hope to expand this initiative in order to provide treatment to all those who need it urgently.

Finally, this morning the Secretary-General gave us a message of hope. Many children, women and men

have their eyes upon us. We cannot, and must not, disappoint them. Now is the time for decisive action.

The Acting President: I give the floor to His Excellency the Honourable Mr. Michael Wooldridge, Minister of Health and Aged Care of Australia.

Mr. Wooldridge (Australia): This special session presents us all with a historic opportunity to commit every effort to an effective, urgent and informed global response to the challenge of the HIV/AIDS epidemic. This session is an important step in building international consensus on priority areas for action and the concrete steps that must be taken in confronting this global crisis. Australia has been pleased to work alongside other countries, civil society groups and the Secretariat in recent months in the preparations for this special session.

We were also pleased that our Ambassador, Penny Wensley, was asked to co-facilitate the preparatory process. As leader of the Australian delegation, I should like to pay particular tribute to Ambassador Wensley's outstanding contribution, dedication and hard work in the process of preparing a declaration of commitment for our Governments to adopt here at the special session.

That declaration has the potential to show that the world community is serious about tackling the causes of HIV/AIDS, preventing its spread and caring for those who live with the virus.

Our experience in Australia has been one of substantial success in reducing new levels of infection and has been based on three key principles. The first has been to build and sustain a political consensus supported by all elements of our political system and endorsed by the Australian community at large. This has meant putting great effort into building a consensus across the political spectrum. Thus, in 1996, when the Government of Australia changed, Australia's HIV/AIDS policy did not.

The second feature of Australia's response has been a willingness on the part of the Government to engage and work with those most vulnerable to the virus. At this point, I note that the Australian Government is disappointed that it now appears that these groups will not be explicitly named in the declaration of commitment. In Australia, the support and commitment of such groups and their active involvement and partnership has been the basis for the Australian national response to HIV/AIDS. We see it as part of a sensitive and respectful approach to affected individuals and communities. In this way, AIDS activism has been directed towards constructive participation, not destructive protest.

The third principle on which we have based our response has been scientific evidence. Where the evidence does not exist, we will fund social or scientific research to find the answers. We are ruthlessly pragmatic in our approach and in our quest to save the lives of many young, talented Australians. It was this approach that meant that we were one of the first countries in the world to adopt a needle-exchange programme, something that is barely controversial in Australia. When people with diabetes complained about this, we funded their needles too.

Australia recognizes the primary importance of promoting prevention as part of a comprehensive integrated response which includes all aspects of treatment, care and support. Interventions necessary for the treatment, care and support of people living with HIV/AIDS also provide opportunities for prevention through the engagement of affected communities and the raising of awareness on a broader scope. Efforts to build stronger health system infrastructures and to improve access to HIV/AIDS treatments will have maximum effectiveness when part of an integrated community response.

Support and encouragement for a robust and inclusive partnership between a wide range of groups has been a defining feature of Australia's response to HIV/AIDS. This is one of the reasons why Australia ensured that civil society members took an active role in the preparatory meetings and are here today as part of our delegation. We see the full involvement of communities through civil society organizations, including people living with HIV/AIDS, as crucial to an international response.

Partnership in decision-making, policy development and programme implementation helps to ensure that activities combating HIV/AIDS are effective and sustainable. Australia is encouraged by moves to adopt this approach on a global level, and, in promoting this participatory approach, we remain willing to share our experiences, both good and bad, with our international partners. No country confronts the threat of HIV/AIDS in isolation and no national response is without consequences beyond national

borders. All countries must be involved in efforts that extend beyond their domestic situation. As a country in the Asia Pacific region, we focus our assistance on our region; and while by no means underestimating the tragedy or immensity of the problems in Africa and other regions of the world, it is also important that the impact of HIV/AIDS in the Asia-Pacific region not be neglected.

At a regional level, Australia supports efforts to increase political commitment in response to the pandemic. To assist these efforts, Australia is inviting ministers from 38 countries across the Asia-Pacific region to a meeting in Melbourne in October this year.

In conclusion, I take this opportunity to thank you, Sir, the UNAIDS secretariat and its partners in the United Nations system for your firm commitment to this special session. We have the opportunity to do an immeasurable amount of good. The issues that we discuss are difficult and brutal in their impact. Whatever one may think, no country is spared. If these issues were easy, someone else would have dealt with them a long time ago. We have come here to the United Nations for these three days to address the issues because they are difficult and require leadership. Whether or not we display this leadership will be the mark by which our grandchildren will judge us.

The Acting President: I give the floor to Her Excellency Mrs. Daniela Bartos, Minister for Health and Family of Romania.

Mrs. Bartos (Romania): I have the honour to speak on behalf of the Romanian Government.

Today is an extremely important day. Today we all recognize with one voice that HIV/AIDS is no longer the problem of people living with AIDS; it is a major public health problem. For this reason, the Romanian Government has declared HIV/AIDS the main public health problem in our country.

At this time, there are 6,800 children and 1,745 adults living with HIV/AIDS in Romania. Of those, 33 per cent are on antiretroviral therapy.

In the meantime, we have had to cope with the increasing demand for treatment and care and with increasing numbers of infected adults. As the epidemic and its impact have spread, the number of committed partners in the national response has grown to include ministries, local and international non-governmental organizations, the private sector, the media and the international donor community.

The Government of Romania and its non-governmental partners have, therefore, committed themselves to the development and coordinated implementation of a national HIV/AIDS strategy for the period 2000 to 2003. This strategy focuses on the prevention of infection among youth and vulnerable groups, the prevention of nosocomial infection and the social, legal, ethic and human rights aspects of HIV/AIDS.

Priority attention is also being given to improving health and social services, supporting people infected with and affected by HIV/AIDS and strengthening epidemiological systems to monitor developments in the epidemic over time.

The existing system of care and surveillance ensures access to care for all infected persons and has a good information database. This is doubled by a network of high-technology medical equipment that allows for good evaluation and monitoring of all treated and/or infected persons.

Nine university hospitals in the country serve as HIV/AIDS reference centres. Viral load testing and CD4 counts are available at these centres. In general practice patients referred to a reference centre have the choice to be followed up either at the reference centre or at the closest health centre. Regardless of the patient's choice, immunological and virological follow-up have to be performed at the reference centre.

Since the beginning, we have introduced the latest therapies and have increased them from one year to another. The budget has allocated up to $20 million this year to the national HIV/AIDS programme. The Romanian Government is committed to maintaining the same budget or to even increasing it in real terms within the next four years. This was not easy to do in a country in transition that has severe budgetary restrictions and numerous public health and social emergencies.

Despite the challenges, we decided to declare HIV/AIDS the number one public health priority, and to introduce, beginning this year, universal coverage for treatment and care, including antiretroviral drugs for people living with HIV/AIDS. The medium-term action plan for universal access to treatment and care is

based on a real partnership with the United Nations and the pharmaceutical companies.

At this very moment, Romania has the following national priorities for the HIV/AIDS programme: the intensification of prevention of HIV/AIDS infection among youth and vulnerable social groups; the prevention of mother-to-child transmission; and the prevention of nosocomial infections and many others.

To accomplish those goals, budget allocations by the Ministry of Health and Family and the national insurance agency have consistently increased, from $13 million in 1999 to more than $20 million in 2001. The Ministry of Health has negotiated with the pharmaceutical companies for price reductions and has requested the support of UNAIDS for this purpose.

At the same time, the global fund for AIDS and health might represent a new and very important tool in the management of HIV/AIDS.

We take note with satisfaction that our priorities and concerns are well-reflected and included in the declaration to be adopted by this special session. Romania affirms its commitment to implementing the provisions of the United Nations declaration on HIV/AIDS and to take part in international cooperation in this very necessary framework, further benefiting from support and assistance in carrying out its national programmes in combating the pandemic.

The Acting President: I give the floor to His Excellency Mr. Zhang Wenkang, Minister for Health of China.

Mr. Zhang Wenkang (China) (*spoke in Chinese*): At the start of a new century, the United Nations is holding a special session of the General Assembly on HIV/AIDS to reveal and address the problem of HIV/AIDS. This special session is a manifestation of the determination and courage of all countries in combating HIV/AIDS. It will certainly have a profound impact on the effort to prevent and control HIV/AIDS throughout the world. I wish to take this opportunity to extend, on behalf of the Chinese Government, our warm congratulations to the participants in this special session.

The Chinese Government deeply appreciates the efforts made by the United Nations to curb the spread of the HIV/AIDS pandemic in the world. We appreciate the Secretary-General's report, which analyses the global situation and sets forth three important strategies for prevention and control at the global and national levels: strengthening leadership, improving coordination and mobilizing resources.

At present, the HIV/AIDS pandemic is still spreading throughout the world. Africa is most seriously affected by the pandemic, which has greatly hindered and undermined the socio-economic development of the African countries. As the region with the largest population, Asia has witnessed the fastest growth of HIV/AIDS, which has infected 7.5 million people; and the number continues to grow, threatening to turn the continent into the next region worst hit by HIV/AIDS. The prevalence of HIV/AIDS in Latin America, the Caribbean and Eastern Europe is also very serious and is growing without letting up.

Indeed, HIV/AIDS has become a global crisis, and global efforts are needed to stem the tide. The prevention and control of HIV/AIDS receives high priority from the Chinese Government. In 1996, the Regime for the Coordination and Control of STDs and HIV/AIDS was established under the chairmanship of a high-ranking State Council official, with the participation of the heads of 34 ministries and State commissions. In 1998, the Medium and Long-term Programme for the Prevention and Control of HIV/AIDS in China from 1998 to 2010 was formulated by the State Council. This year witnessed the introduction of the Plan of Action for the Restraint and Control of HIV/AIDS in China from 2001 to 2005.

Central Government spending on the prevention and control of HIV/AIDS has grown nearly sevenfold, from an original annual budget of 15 million yuan to the present figure of 100 million yuan. In addition, national bonds for 950 million yuan have been issued for building and improving blood banks. Input from local governments has registered a corresponding increase. The prevention and control of HIV/AIDS in China is steadily progressing under the leadership of all levels of government. In the view of the Chinese delegation, leadership, coordination and resources are closely linked in the campaign to control HIV/AIDS.

The worsening prevalence of HIV/AIDS is concentrated in developing countries, where inadequate resources are a major underlying cause. Poverty is a major factor in the rapid spread of HIV/AIDS, and the epidemic has in turn aggravated poverty. In addition, the irrational international political and economic order, the heavy debt burden of the developing

countries and the uneven distribution of know-how have limited the capacity of developing countries to combat HIV/AIDS. With this in mind, I would like to make the following proposals.

First, emphasizing prevention is a strategy of primary importance in combating HIV/AIDS, particularly for developing countries, which lack resources. Only by quick preventive action can we protect people from becoming victims of the epidemic, ensure the health of our society, families and individuals, and minimize the impact of HIV/AIDS on socio-economic development.

Secondly, treatment is a critical issue in fighting HIV/AIDS. Most patients in developing countries cannot afford the high cost of drugs. However, there are still obstacles along the way to affordable drugs. This is unfair. Given the decreasing pharmaceutical prices on the world market, the United Nations should work closely with the rest of the international community to further improve the treatment of HIV/AIDS patients in developing countries.

Thirdly, in pursuing its strategy against HIV/AIDS, the international community should effectively implement immediate measures, while keeping in mind the long-term perspectives. Vaccination against HIV/AIDS, as a measure for the ultimate control of the pandemic, is economical for the developing countries and therefore merits adequate attention in a global control strategy.

Fourthly, international cooperation should be further enhanced and adequate resources mobilized to help and support the developing countries in their endeavour to prevent and control HIV/AIDS, as the bounden duty of the international community. Only by reversing the trend in the worst-hit regions at the earliest opportunity can the HIV/AIDS pandemic be brought under control on our planet.

The Acting President: I give the floor to His Excellency Mr. Roberto Flores Bermúdez, Minister for Foreign Relations of Honduras.

Mr. Flores Bermúdez (Honduras) (*spoke in Spanish*): We are aware of the great social, political and economic implications of the debate on HIV/AIDS. We know that its magnitude requires the full participation and efforts of all of our countries, as well as international solidarity. We know that prevention efforts must be given priority, particularly among the most vulnerable groups. We know that treatment requires greater access to medical services and cheaper medicines within an improved public health system. We also know that Governments can successfully carry out a national response to this problem, which must include all sectors of society.

What we have not managed to do is get national and international actors to combat this crisis on an organized and long-term basis. Here is the true leitmotif of this special session: to mobilize the political will of all actors — national and international — so that they can make an intelligent, coordinated and sustained effort.

It is particularly important, therefore, to learn about the successful experiences of other countries and regions. For this reason, Honduras is participating in workshops during this special session in order to learn, but also in order to share our successes in managing the exceptional presence of this epidemic in our country.

At the end of the 1980s, the HIV/AIDS department was created in our Ministry of Health, with a presence in the most affected regions. This made it possible to identify immediately the behaviour of both the epidemic and the population. With the first national strategic plan against HIV/AIDS, which was adopted in 1998, we achieved broad, multisectoral participation. The opportune contribution by the community working together made it possible to promote the participation of new actors, ranging from organizations in civil society and groups at risk to municipal governments, chambers of commerce, associations of factory workers and religious organizations.

Gradually, the people of Honduras have come to identify HIV/AIDS as a national problem. The community directly affected by the epidemic has now organized itself into a social movement which provides guidance for, and support to, the different actors in the organization of our response.

My country is reformulating its strategies in order to provide comprehensive care of high quality and human warmth. This includes better access to antiretroviral medicines, which will benefit more than a thousand of our compatriots. Our legal framework is defined in the special law on HIV/AIDS of 1999. In 1999, we organized the National AIDS Commission to manage the coordination and formulation of policies. This Commission is already preparing the second

national strategic plan for the period from 2002 to 2006.

Today, we have an intensive monitoring system in order to learn about the epidemic and to better react to it. We also have a large number of specialized physicians who are working directly on this problem. With these measures — and here I have some very interesting news — Honduras has succeeded to the extent that the advance of the epidemic has been less extensive than was projected two years ago. We have become a country with experience in managing these problems and with a capacity to manage rationally and effectively the resources that the aid community continues to supply. However, despite these efforts we must acknowledge that this epidemic is continuing to spread dangerously.

For this reason, Honduras is prepared to shoulder greater responsibilities in the fight against this epidemic. However, our limited national resources make it necessary for us to call on countries that have better developed scientific, technological, human and economic resources in order to mitigate the factors that affect human development, such as poverty, unemployment, the human rights situation and violence. All of these are closely related to the issue we are discussing today.

In just a few days Honduras will assume the pro tempore presidency of the Central American Integration System. The fight against HIV/AIDS is a problem that transcends national borders. It is already being dealt with collectively by the Member States, but requires a greater sense of urgency in accordance with the decisions of this special session. Regional action will demonstrate the commitment and political will to fight HIV/AIDS collectively as part of our common development strategy. I would like to conclude by thanking the United Nations for its opportune and effective contribution to our national efforts. Thank you very much.

The Acting President: I give the floor to Her Excellency the Honourable Maria Minna, Minister for International Cooperation of Canada.

Ms. Minna (Canada): We are here for the nearly 40 million people living with HIV/AIDS worldwide. We are here for the 15,000 people that were infected with HIV today, and the 15,000 more that will likely be infected tomorrow and every day after that. We are here for the 40 million children who will be orphaned because of AIDS by the year 2010.

We are here because a mother died today. We are here because a child died today and another lost a mother. We have an obligation to ensure that every citizen of this earth, which we share, can look forward to a healthy and productive future.

If this were a war that was killing millions of people, maiming millions more, leaving millions homeless, devastating countries, would we stand by? We would have intervened aggressively by now, as we did in the Second World War. This is a war; it is bigger than any war we have ever fought before.

This pandemic is a major obstacle to our International Development Target to reduce by half the proportion of people living in extreme poverty by 2015. It also foils our efforts to reduce infant and child mortality rates by two thirds by that same year.

We are here to make sure that every possible effort is made to try to prevent every single new infection and to make sure that every single person infected or affected by HIV/AIDS has access to the most comprehensive care, treatment and support available. We are here to make sure that the rights of all individuals and groups are protected and respected everywhere, particularly those most vulnerable to HIV, such as women and girls, men who have sex with men, intravenous drug users and sex workers.

This means an intensified commitment at the international, national and community levels, and this means involving civil society and people living with HIV/AIDS in every aspect of our efforts.

(*spoke in French*)

This United Nations session marks the turning point in our struggle against this terrible disease. It has been 20 years now, and we still have a long way to go, so let us therefore forge ahead based on what we know works. What works? Prevention works, as do integrative approaches. Prevention must be the mainstay of our response. As for comprehensive approaches, these must fully integrate prevention with care, support and treatment for all those infected and affected by HIV and AIDS. These approaches must also reinforce the linkages between HIV/AIDS, basic education, human rights and good governance.

(*spoke in English*)

In order to meet the targets outlined in the declaration of commitment, we need to make progress on all fronts.

In Canada we have a leading-edge Strategy on HIV/AIDS, which is meeting our own unique challenges, while also linking our efforts with those at the international level. This involves acting locally but thinking globally.

On the global front, Canada is quadrupling its development assistance funding for HIV/AIDS.

We have an HIV/AIDS Action Plan, which is a blueprint for how we will support international initiatives in areas such as prevention, education, community development, research in vaccine and microbicide development, and preventing mother-to-child HIV transmission.

In fact this morning, I committed over $73 million for HIV and AIDS programming in Africa, the Caribbean, Asia and Central and Eastern Europe. This money is not money that will go to the global fund. That will be announced later. These are funds that we are using on the ground for prevention and other programming.

On another front, Canada has been instrumental in the shaping of the global fund for HIV/AIDS and health. We will support it financially. We are committed to making it operational by the end of the year. My Government believes that actions related to the fund beyond the special session must ensure inclusion of all partners, especially our developing country partners. Most of all, I believe we must all be concerned with ensuring that the fund works for those who need it most. We cannot afford to fail.

There has been some progress in the struggle against HIV/AIDS. The declaration of commitment to be endorsed on Wednesday is an opportunity to make a quantum leap forward. It is now up to each and every one of us to take ownership of the declaration and do what is necessary to end this epidemic. Thank you.

The Acting President: I give the floor to His Excellency the Honourable Tommy Tomscoll, Minister for Health of Papua New Guinea.

Mr. Tomscoll (Papua New Guinea): The major challenge for the national response to HIV/AIDS in Papua New Guinea has been our ability to address the geopolitical and sociocultural diversity of our country in innovative ways. Many Papua New Guineans are infected with the virus; many do not know that they have the virus; and many more will continue to get infected because of the complex factors that are contributing to the spread of the epidemic in the country.

My country is probably one of the most difficult places in which to intervene and address such an issue as HIV/AIDS.

The diversity of the country, both in its culture and geographical terrain, makes communication with rural communities difficult. This is further compounded by such limitations as the low literacy rate and the more than 800 different languages, which make communicating with the rural majority a daunting task.

By enacting the National AIDS Council Act in December 1997 my Government acknowledged the threat of the AIDS epidemic to the country. With co-financing from the national Government, the Act established the National AIDS Council and its secretariat. The National AIDS Council membership is made up of all the central government agencies, private sector and non-governmental organizations and churches and people living with HIV/AIDS. In keeping with the Act, we established five working committees at the national level and 20 provincial AIDS committees, which are mandated to coordinate and implement provincial activity plans.

The provincial AIDS committees are made up of people from all sectors, and the majority of them have attained provincial government endorsement and commitment. The five working committees at the national level are responsible for guiding national response policy. These are the Behaviour Change Advisory Committee, the Medical Experts Advisory Committee, the Legal and Ethical Advisory Committee, the Research Advisory Committee, and the Sectoral Response Advisory Committee. The structures have been defined so that there are clear mechanisms for policy development and clear lines of communications with local authorities to plan and implement the comprehensive multisectoral response.

We are committed to the committees' being transparent and accountable so as to minimize duplication, involve maximum participation and allow

for rational use of resources at all levels of our response.

Although it appears that our affected population is small, the problems we face are immense. We estimate that out of a population of 5.2 million, about 10,000 to 15,000 people will fall ill from the disease in the next few years. The majority of the individuals to be affected will be the productive and economically important citizens of our society. In the World Health Organization (WHO) Western Pacific Region, ours is one of the three most affected countries, with the potential of reaching, within a decade, levels like those of sub-Saharan Africa. The Government is committed to avoiding this catastrophe with the support of our international partner agencies.

Major challenges facing us today are the already existing uncontrolled sexually transmitted infections, the growing problem of tuberculosis, and the difficulties of providing basic antenatal care to women throughout the country. Setting up proper pre-test and post-test counselling facilities presents a challenge in itself. Other issues of major challenge acknowledged by the Government include those of security and violence. Through the multisectoral response that we are actively pursuing, we are committed to addressing these and many other issues that can potentially fuel the epidemic in the country. I believe we must review many of the criteria set by global agencies, which often unnecessarily exclude Papua New Guinea from getting the support that is required to improve the social and economic development of the country.

While Papua New Guinea is seen as a resource-rich country, we still need financial support to ensure that services are provided. The Papua New Guinea National AIDS Council is committed to facilitating a study on HIV and development, which will seek to define factors that make Papua New Guinea appear rich but remain poor. This study will enable us clearly to visualize the socio-economic development dimensions of HIV/AIDS and address them in our next medium-term plan.

The United Nations is urged to clearly define its role through the UNAIDS mechanism at the country level, so that we are able to tap the valuable global resources the United Nations system may offer.

Access to treatment is an important challenge. To date the Government does not provide anti-retroviral drugs to those living with the virus. We acknowledge that it is our moral and ethical responsibility to do so. While anxiously watching the global spread of the disease, we have been developing appropriate standards and protocols to introduce therapy. We have already started introducing treatment against mother-to-child transmission and are working on expanding it to provide retroviral therapy to all.

However, our financial situation prohibits the provision of anti-retroviral drugs to those living with the virus. We therefore welcome the establishment of the United Nations HIV/AIDS trust fund and commend the United Nations Secretary-General, Mr. Kofi Annan, for his insight and initiative. We thank those Governments and the private sector institutions that have contributed so far to this fund.

While we understand that our problems may pale into insignificance compared to those of sub-Saharan Africa, we must not lose sight of the fact that prevention is the only solution to the spread of this disaster. My Government sincerely hopes that Papua New Guinea's efforts to stem the tide of HIV/AIDS can receive support from this trust fund. We are also deeply grateful and acknowledge the generous support provided so far by all our international partner agencies: AusAID, the European Union, the Secretariat of the Pacific Community, all the United Nations agencies including UNAIDS, UNICEF, UNDP, UNFPA and the World Health Organization.

However, we remain mindful that any support provided must seek to avoid dependency and instead empower us to develop the skills necessary to mount a comprehensive response that can be maintained in our cultural and geopolitical setting.

Finally, my delegation wishes to thank the joint efforts of Ambassador Penny Wensley of Australia and Ambassador Ka of Senegal for coordinating the drafting of the outcome document for our consideration at this special session.

The Acting President: I now give the floor to Her Excellency Mrs. Mariángeles Argüello, Head of the delegation of Nicaragua.

Mrs. Argüello (Nicaragua) (*spoke in Spanish*): I wish to thank the Assembly for this invitation to speak and to thank the organizers of this special session of the General Assembly for the opportunity to meet here to search for solutions to the HIV/AIDS epidemic, which is causing serious problems for our countries.

Nicaragua is a small Central American developing country, with 5 million inhabitants. It has a weak economic capacity and serious limitations that make it difficult to guarantee the basic needs of the entire population. It is vulnerable to natural disasters such as earthquakes, hurricanes and floods, which have further hampered the national economy. Our efforts notwithstanding, the lack of financial resources and the scarcity of material resources, medicines, equipment and service infrastructure make international assistance of paramount importance if we are to overcome these problems.

The Ministry of Health of Nicaragua registered the first HIV/AIDS case in 1987. Through May 2001, a total of 688 people had been infected with HIV; of these, 320 have developed AIDS and 174 have died.

Allow me to stress the difference between Nicaragua's situation and that of other countries in the region. We are at present one of the least affected countries; in Nicaragua the epidemic is considered incipient or at a low level. However, the incidence level is increasing, and, as a result, in the last five years, the number of patients living with HIV/AIDS has doubled. This is why today more than ever we have to strengthen our comprehensive education, prevention and awareness campaign to stop this increase in the number of cases. For now at least we enjoy the unique advantage of having a concentrated epidemic that is in its early stages, and we should maintain this advantage for both present and future generations. If we do not take advantage of this opportunity to contain the disease, we will be condemning a significant number of Nicaraguans to illness, suffering and death.

This special situation in our country means that, in terms of cost-effectiveness, each dollar invested in the prevention of AIDS in Nicaragua will save many more dollars that would otherwise be needed for the treatment of opportunistic infections and the supply of antiretroviral drugs. This is why Nicaragua needs the assistance of Governments, international organizations, non-governmental organizations and friends in general in order to do the humanitarian work of preventing and reducing the economic and social impact of AIDS in our country.

We have a national strategic plan to fight sexually transmitted diseases and AIDS. The plan, to be implemented from 2001 and 2005, includes a series of strategic and priority activities. It was designed through the joint efforts and participation of civil society, infected persons, government institutions and international organizations that provide assistance. Under the plan, $20 million is needed to cover the most urgent needs; that is, so that the Nicaraguan Ministry of Health, the Nicaraguan AIDS commission and civil society organizations can carry out the necessary preventive, detection and treatment work.

One of our main achievements in this regard has been the approval of Law 238 on the promotion, protection and defence of human rights in connection with AIDS. With the application of this law, we have strengthened national coordination in regard to information, education, prevention and control of this scourge, through the official establishment of the Nicaraguan AIDS commission, over which I personally preside as Minister of Health. This commission works systematically, participating in and facilitating the decision-making process. It is composed of representatives of various government institutions, civil society and of people living with HIV.

Another advance has been the law regarding the security of transfusions. It establishes that no one, for any reason, will receive a blood transfusion without a previous examination. The law requires all private and public health-care services to first screen for HIV antibodies.

In Nicaragua we continue to be concerned about our ability to provide people infected with HIV/AIDS with comprehensive care that includes decent medical treatment and that is respectful of human rights. This has been an arduous and delicate task, particularly given our limited resources — our lack of medicines for the prevention of infections and of the funds needed for antiretroviral therapy. The international prices for antiretroviral drugs continue to be beyond our means, even though in the last few months they have decreased. Therefore, although the number of people in need of antiretroviral therapy in Nicaragua is still relatively low, this fact prompts us to seek the financial assistance needed to provide such therapy.

We need international solidarity so that we can achieve longer life expectancy rates with a better and more humane quality of life. We also want to offer pregnant women means of limiting the transmission of HIV to their children at birth.

I would need more time to express all our hopes and initiatives regarding the prevention and control of HIV/AIDS in Nicaragua.

No one in the international community should be excluded from the efforts to combat AIDS. Thus, my country is concerned that — notwithstanding Taiwan's pharmaceutical advances and its participation in various projects to combat the HIV/AIDS epidemic, undertaken in collaboration with both Governments and non-governmental organizations in many regions of the world, and especially in the western Pacific region — Taiwan cannot actively participate in the programmes of the United Nations system, because it has yet to be readmitted as a State Member of our Organization. Such exclusions, especially considering the humanitarian context, should not exist in the twenty-first century.

Finally, I would like to state that the Government of the Republic of Nicaragua, through its President, Mr. Arnoldo Alemán Lacayo, reaffirms its strong determination to see to it that the comprehensive actions to fight HIV/AIDS are stepped up in our country and are supported at the highest political levels.

I thank God for giving me the opportunity today to express from the heart Nicaragua's concern about this problem. I trust that friendly countries will understand our needs, and thus together we will build a better world for all.

The Acting President: I give the floor to His Excellency Mr. Hamza Rafeeq, Minister of Health of Trinidad and Tobago.

Mr. Rafeeq (Trinidad and Tobago): Less than one year ago in this very Hall, world leaders at the Millennium Summit pledged to halt and begin to reverse the spread of HIV/AIDS by 2015. The convening of this special session is an important step forward in achieving this goal.

HIV/AIDS rates in the Caribbean are the highest in the world outside sub-Saharan Africa. In the Caribbean, AIDS is the leading cause of death in the 15 to 44 age group, with an overall prevalence of approximately 2.1 per cent among the adult population.

Although initiatives have increased nationally and regionally to reduce the rate of increase, HIV/AIDS continues to spread relentlessly. Current national plans and actions are not sufficient to deal with this disease. There is an urgent need for greater international assistance and support and for the involvement of all sectors, such as non-governmental organizations, civil society and the private sector, if the fight to defeat this scourge is to be successful.

The disease is a major problem for development. With the most economically active and productive population groups being the most affected by this epidemic, severe social and economic repercussions are inevitable. The financial and economic burdens are not the only disquieting aspects of the impact of this disease. There are also concerns at the individual level, such as the actual burden of the disease on victims and accompanying issues of discrimination and stigmatization.

In Trinidad and Tobago, the epidemic curve is on the rise. It is now estimated that 2.5 per cent of the sexually active population between the ages of 15 and 49 years are living with HIV/AIDS, though the real per cent age could be twice as high, given the high rate of under-reporting.

The number of females infected with HIV is greater than that of males in the age group 15 to 24. According to our national surveillance unit, the percentage of HIV-infected women increased from zero in 1983 to 33 per cent in 1990 and to 45 per cent in 1999. Eighty-two per cent of all reported HIV-infected women are within the age group 15 to 45 years. Since these women are of childbearing age, this scenario highlights the significant risk of mothers passing on the infection to their babies. Statistics have also indicated that at the end of 1999, 7 per cent of the total number of reported HIV cases were paediatric cases.

With 50 per cent of the new cases of infection now occurring in our young people between 15 and 24 years, and 70 per cent of all HIV/AIDS cases falling in the age group 15 to 44 years, there is no doubt that if this trend continues Trinidad and Tobago will be well on the way to an economic and social crisis. It is a burden on the country's resources, and the economy is finding it difficult to sustain this heavy burden.

A macroeconomic study of the impact of HIV/AIDS on key variables indicates that if the current rate of increase continues, by the year 2005 Trinidad and Tobago will experience a reduction of 4.2 per cent in its gross domestic product, 10.3 per cent in savings and 15.6 per cent in investment.

The Government of Trinidad and Tobago is extremely concerned about the possibility of this prediction becoming a reality. Even with limited resources, national efforts will continue to be pursued to better manage the prevention of HIV/AIDS and promote care and support for the infected. Many programmes are aimed at prevention through information and education and are targeted at the vulnerable in the population.

AIDS awareness activities include training of over 6,000 health-care workers. A national policy on the reduction of mother-to-child transmission has been implemented and is offered at most health facilities. Soon, a new policy on HIV/AIDS in the workplace, which will protect the rights of infected persons, will be introduced in Trinidad and Tobago.

Trinidad and Tobago will also be hosting the Tenth International Conference for People Living with HIV/AIDS in October of this year. We are also participating in phase two of the HIV/AIDS vaccine trials, because we are convinced that a safe, affordable and accessible vaccine is the most effective measure for curtailing the advancement of this disease.

The Caribbean Task Force Strategic Initiative on HIV/AIDS proposes a holistic programme response to the epidemic. This regional approach will ensure the integration of efforts and the effective use of resources, as Caribbean countries have common objectives and similar implementation plans. Assistance from the international community will boost this regional initiative.

Efforts are being made to strengthen both the human and physical infrastructure to deal with the epidemic and give appropriate care to persons living with AIDS. But our capacity and resources simply do not allow us to fully achieve this goal, especially in the provision of drugs for the infected. The Government of Trinidad and Tobago supports the call by the Secretary-General for a global AIDS and health fund and strongly recommends that special consideration be given to countries with a high incidence of HIV/AIDS, such as those in the Caribbean region. The vulnerability of our small economies to threats like HIV/AIDS cannot be overemphasized.

With regard to accessing special funding arrangements, the Government of Trinidad and Tobago is of the view that the Caribbean's premier financial institution, the Caribbean Development Bank, must be seen as an important stakeholder. It is important to partner with an institution which is familiar with the sociocultural and economic environment and is sensitive to the needs of Caribbean Community countries. In addition, the criteria for accessing funds should not be burdensome and bureaucratic, and countries most in need should benefit.

The Government of Trinidad and Tobago would also like to suggest that as far as is possible, existing administrative arrangements within the United Nations system should be utilized to manage the global AIDS and health fund, in order to allow for the maximum use of the fund for its intended purpose.

At the end of 2000, it was estimated that nearly 22 million persons had died from the disease, and over 36 million were living with HIV or AIDS. There has to be a global war to arrest this crisis, and the declaration of commitment to be adopted at this special session is crucial in this quest. The challenge of reversing the spread of HIV/AIDS must be pursued relentlessly so as not to bequeath this life-threatening affliction to future generations.

The Acting President: I give the floor to His Excellency the Honourable Timothy Stamps, Minister of Health and Child Welfare of Zimbabwe.

Mr. Stamps (Zimbabwe): It is predicted that my country, Zimbabwe, will achieve zero population growth by the end of 2002, the first developing country in modern times to do so. This is due to a combination of three factors. First is the resounding success of our national family planning initiatives, reducing the total fertility rate by two whole units since 1982. Second is outmigration, especially of educated young professional and technical persons and their families. The third factor is escalating death rates, which in themselves have reduced natural growth by almost 50 per cent.

All of these factors have been influenced by the HIV/AIDS epidemic, not merely because of the contribution of HIV to death rates, but also as a result of the effect of awareness of HIV risks on reproductive activity and the very real fear of wise, educated adults of the risk of HIV infection, not so much for themselves but due to the environmental risk for their growing children, who are exposed daily to the promotion of promiscuity and sexual variation by the popular media. The economic, demographic and social consequences of these events are grave, and we have

yet to see their full results. In Zimbabwe as in the rest of the Southern African Development Community (SADC), we are very conscious of the active and passive ethnic discrimination exercised against black Africans. How else does one explain the exponential growth of HIV in our region as compared to other countries where the disease surfaced earlier?

Yet we have achieved as a nation two internationally recognized and acclaimed successes, which we continue to prioritize: first, ensuring and maintaining, since the earliest days of the epidemic in 1985, a sustainable, safe, national blood-transfusion service; secondly, the highest coverage, of any country in the world, of reliable quality condoms (18 per male per annum since 1994), and, in addition, the creation of a sound hypothecated taxation scheme, amounting to 3 per cent on personal income tax and 3 per cent on corporate taxes. Last year this raised over US$ 30 million. It is managed by an autonomous National AIDS Council established by Act of Parliament, drawing its membership from all sectors of our society and with the mandate of a national HIV/AIDS policy ensuring that the major support is at the district level.

The President of my country, Comrade R. G. Mugabe, is the patron of the Council. We feel compelled to inform Mr. Natsios, the new head of USAID, that though we may not have clocks or roads in Africa, we do know the time, and time is ticking away inexorably for some of our States. Because of world globalization the lack of roads can be compensated for by world Coca-Colanization — we use Coca-Cola trucks very effectively to get vaccines and medicines to the people.

We know that antiretrovirals are only a part of the solution to the problem. But as long as they are denied to us, the message of prevention, especially the importance of knowing one's HIV status in our epidemic situation, is inadequately supported.

The world should recognize that we have taken the bold initiative to repossess our land in order to ensure that families have access to food and economic security, thereby combating, in order to survive, the risks of HIV exposure resulting from adventitious and adventurous commercial sex.

We have had enough of the discriminatory stigmatizing attitude of the rich towards the poor and the inequality which propagates the virus. The danger of this attitude is that the have-nots and the haves will become the "HIVs" and "HIV-nots" around the world.

We pledge support to the global fund for HIV and health and intend to earmark the equivalent in local currency of US$ 1 million from our own resources, explicitly as seed money for the creation of a budget line to identify, treat and eliminate reproductive tract cancers that are HIV-related. This demonstrates our solidarity with the Secretary-General's initiative, as well as our recognition of an area that has so far been neglected and affects our most vulnerable people, the young women of Africa.

May God bless you.

The Acting President: I give the floor to His Excellency Mr. Bolaños Duarte, Minister of Public Health and Social Welfare of Guatemala.

Mr. Bolaños Duarte (Guatemala) (*spoke in Spanish*): Twenty years after the epidemic burst upon us, we applaud the holding of this twenty-sixth special session of the General Assembly as a means of reviewing what has been done in the area of HIV/AIDS. We note that the last decade has seen new processes of globalization and advances in information techniques as well as in antiretroviral therapy that have changed the image of the HIV/AIDS pandemic. Today, I have the honour of representing Guatemala at this important gathering.

Our country is characterized by contrasts and ethnic diversity with a multicultural, multi-ethnic and multilingual population. It is estimated that the population groups most exposed to HIV transmission are mainly in the urban areas. The first known AIDS case in Guatemala was identified in 1984. Up to the present, 4,010 cases have been reported. However, our national programme believes that 50 per cent of cases go unreported. The Guatemalan Government's determination to combat HIV/AIDS has been reflected in the Health Code, which assigns to the Ministry of Public Health, with the participation of other sectors, the responsibility for evaluating and supervising action to control sexually transmitted diseases, including HIV/AIDS.

A general law on STD/HIV/AIDS has been enacted and it declares the disease to be a social problem of national urgency, assigning to it a sum of 5 million quetzals for the activities carried out by the Ministry of Public Health through the STD/HIV/AIDS

programme. The law contains provisions on the human rights of persons living with AIDS and, very importantly, also mandates the Ministry of Education to include in the curriculum a section on human sexuality, including sexually transmitted diseases and HIV/AIDS from fifth grade in primary school onwards.

In this context the Ministry of Health, in coordination with other ministries such as the Ministry of Education and Interior and with organizations in civil society, international organizations and UNAIDS, drew up and set in motion the national strategic plan for STD/HIV/AIDS for 1999-2003, which lays down the strategic objectives and priority lines of actions to be pursued by those institutions.

Within the National Health Council, an agency that provides advisory services to the sector, the Ministry of Health has initiated actions that aim to create a national unit to provide care for people living with HIV/AIDS. To that end it established three commissions. One commission is to formulate a proposal for the management of this national unit as a decentralized and autonomous agency that will receive contributions from sectoral institutions that operate in this area, such as NGOs, the Guatemalan Social Security Institute and organized civil society institutions that combat AIDS. This effort is designed to reduce the social-economic impact of dealing with this social and health problem merely as a public health matter, and also to promote the integration and complementarity of the contributions from the institutions that I have mentioned.

The second commission is charged with the epidemiological analysis of HIV/AIDS. It will study the magnitude and the mechanisms of this problem so as to improve the decision-making process. The third commission is to study access to antiretroviral treatments in order to develop strategies to make them more accessible from the economic and functional perspectives. It will primarily develop mother-to-child transmission prevention programmes, including diagnostic tests. It will standardize diagnostic systems, offer antiretroviral treatments, provide outpatient services and carry out HIV/AIDS research. It will apply universal precautionary measures in the provision of health services and will develop information, education and communication plans that will enable us to reduce HIV transmission of that kind.

As the representative of Guatemala, I wish to convey the determination of my country to assume the various commitments contained in the declaration on the struggle against HIV/AIDS, which refers to strengthening and motivating all levels of leadership in society and throughout the Government. We also think that it is necessary to review and implement strategies and plans for national and multisectoral financing in order to pursue the fight against AIDS and come to grips with the stigma, silence and denial with due regard to the gender and age dimensions.

Finally, I wish to state that our Government pledges to continue observing all the commitments entailed by the adoption of the declaration, because we are conscious of the need to unify our efforts at the national, subregional, regional and global levels in order to halt the progress of this pandemic, which is causing so much suffering to humanity.

The Acting President: I give the floor to His Excellency the Honourable Ashock Jugnauth, Minister for Health and Quality of Life of Mauritius.

Mr. Jugnauth (Mauritius): It is my pleasure on behalf of the Government of the Republic of Mauritius to address this most distinguished gathering of delegates of the twenty-sixth special session of the United Nations. It is a privilege for me, on behalf of my country, to contribute to the debate which brings together such distinguished national delegates from every corner of the world for the cause of humanity. I tender the personal apologies of the Right Honourable Prime Minister of Mauritius, who was not able to attend this important gathering.

We are here, because we all share a profound concern for the sheer scale of the human impact of the HIV/AIDS pandemic. But this is of little value unless it is coupled with a well-tuned capacity for taking practical steps to provide support for those affected and to arrest the spread of the disease.

The purpose of this special session of the United Nations is to reach an agreement on a declaration of commitment. This commitment will outline priority areas for action. We are here therefore: to agree on the most cost-effective ways and means of reversing the spiralling rates of HIV infection; to agree on the best means for the clinical and personal care of patients with HIV/AIDS; to agree on how those with HIV/AIDS can best be supported so that they can continue to live as normal a life as possible; and to agree on how we

can best meet the very dire needs of those orphaned by AIDS.

I firmly believe that the declaration of commitment towards which we are working will strengthen bonds among nations, communities and all partners, who are represented here today at the global and national levels and will offer ideas and models of good practice for a common goal. The statistics on deaths caused by AIDS since the 1980s, particularly in Africa, on those infected by the HIV/AIDS virus and on actual and potential AIDS orphans are nothing less than alarming. However, this is not just a health problem for Africa; it is a social and economic bomb.

AIDS is killing ten times as many people as war, sabotaging economic development, destroying the social fabric of society and creating a generation of orphans. AIDS is reversing decades of health gains and economic and social progress.

Owing to its chronic nature and the life-threatening conditions associated with it, health-care costs for HIV-infected persons and AIDS patients are tremendous, putting a heavy burden on governments in Africa, which contains many of the poorest countries in the world that are least able to protect themselves.

Despite considerable efforts made by the Southern African Development Community (SADC) to address the HIV/AIDS pandemic and its effects, HIV infections and morbidity caused by AIDS continue to increase at an alarming rate, with a drastic impact on the region's socio-economic development.

The SADC Heads of the State Communiqué 2000 addressed the HIV/AIDS pandemic by stating: "there can be no meaningful development in the SADC region as long as HIV/AIDS is not addressed on an urgent and emergency basis". This pandemic is cutting off the very roots of social and economic progress.

Two of the key resolutions of the SADC Health Ministers' meetings on HIV/AIDS held in Gaborone dealt with sustained help to those afflicted, and affordable medicines and cost-effective prevention programmes.

I am pleased to note that the pledges of the African Heads of State and Government made at the Abuja Special Summit in April 2001 have been included in the draft declaration of commitment on HIV/AIDS. These pledges include the setting up of a target of allocating at least 15 per cent of their annual national budgets to fight the HIV/AIDS epidemic and increased complementary international assistance to countries whose resources are limited.

I am also pleased to say that the Indian Ocean Commission, which groups countries of the Indian Ocean region — namely Mauritius, Madagascar, Comoros, Seychelles and Réunion Island — has included HIV/AIDS in its agenda as a priority.

Distinguished delegates, it is befitting for me on such an occasion to present the HIV/AIDS profile of my country on this platform. The first case of HIV/AIDS was registered in Mauritius in 1987. Since then, 312 cases have been officially reported, of which 69 are non-residents. Among the 243 residents, 68 have died.

By 1987, the Ministry of Health and Quality of Life was already implementing a national AIDS control and prevention programme, which included many strategies aimed at reducing the incidence of HIV infection. Much emphasis has been laid on educational activities, which, in fact, constitute the backbone of the HIV control programme. These activities aim at promoting safer sex behaviour among the population and among high-risk groups like sex workers.

As regards mother-to-child infection, a programme for the prevention of HIV transmission has been in place since 1998. All pregnant women attending antenatal clinics are counselled and are made to undergo blood tests subject to their consent. Besides, a protocol has been established for HIV-positive pregnant women to be provided with antiretroviral treatment during pregnancy and delivery.

The newborns also receive such treatment for six weeks after birth, and are given free formula-milk for a period of two years. We have found that this prevention protocol cuts down the risk of transmission from 25 per cent to less than 5 per cent.

With a view to having a more concerted and comprehensive approach in the fight against AIDS, key ministries, non-governmental organizations and civil society have come together to develop a multisectoral national strategic plan with the assistance of UNAIDS.

The low prevalence of HIV/AIDS cases registered in Mauritius can be attributed to prevention programmes and to other factors such as free education from primary to tertiary level, free and easy access to medical care, and poverty alleviation. We need to

ensure that low prevalence does not create complacency in the population. In view of the alarming trend in HIV infection worldwide, Mauritius has the potential to become a high-risk country, the more so given changing lifestyles and the mobility of the population to and from other countries. More than 700,000 tourists visit Mauritius every year. We just cannot afford to neglect our HIV/AIDS programme because of its apparent success. The Government of Mauritius is further proposing to set up an inter-ministerial committee on HIV/AIDS, to be chaired by the Right Honourable the Prime Minister or the Deputy Prime Minister and Minister of Finance, for the implementation of the national strategic plan which has already been drafted according to our needs.

Political will and leadership are of utmost importance to the success of a prevention programme. Unless political, social and religious leaders are convinced of the need urgently and imperatively to address the issue, no programme will have the desired impact, however well-intentioned it may be. It is significant that in Mauritius we had a national action control and prevention programme, supported by all community leaders, even before any case of HIV/AIDS was reported in the country. That gave us a good start, and we have to continue and consolidate on that basis.

Despite the availability of life-prolonging drugs such as antiretroviral therapies, accessibility to those drugs is restricted because of their prohibitive cost. Here, I wish to make an earnest appeal to the pharmaceutical industry, especially to those firms engaged in the manufacture of antiretroviral drugs, to change their fly-by-night mentality and revise the prices of those life-prolonging drugs for the sake of humanity.

We are gathered here as members of one and the same community dedicated to alleviate the suffering of those whose lives have been debilitated by HIV/AIDS. Health being a fundamental human right, we should always remain strenuous defenders of patients' rights, which include the right to care and treatment.

The twenty-sixth special session of the General Assembly is sounding a clarion call to all nations to be on full alert on the HIV/AIDS pandemic. The declaration of commitment should be a sacred agreement among nations. There are rays of hope on the horizon. Consolidated preventive intervention programmes are showing good signs of success. In some of the African countries, the rate of HIV infection is being controlled and shows a promising tendency to decline further. But the battle is not yet won. There is a long way to go.

I wish on behalf of the Government of the Republic of Mauritius to commend to this Assembly the draft declaration of commitment.

The Acting President: I now give the floor to His Excellency the Honourable Viliami Tangi, Minister of Health of Tonga.

Mr. Tangi (Tonga): It is my honour and privilege to address this special session of the General Assembly convened to review all aspects of the problem of HIV/AIDS. The spread of the HIV/AIDS epidemic has exceeded all estimates; this special session reflects the international community's recognition that HIV/AIDS has become a global emergency. I therefore commend the efforts of the Secretary-General and his strong leadership in combating the pandemic. I also wish to acknowledge the important role played by the President of the General Assembly in preparing for this special session and the tireless efforts of the facilitators, Ambassador Wensley of Australia and Ambassador Ka of Senegal.

The spread and effects of the HIV/AIDS pandemic do not respect regional or national boundaries and spare no community. Though the numbers of HIV/AIDS cases are relatively low in the Pacific region and in Tonga, this does not give rise to a sense of complacency. The incidence of HIV/AIDS cases is increasing. In our view, preventive and control measures are of utmost importance in combating the disease. It is in that context that a national strategic plan is being developed in response to HIV/AIDS in Tonga. Priority areas for action include increasing community awareness of the disease, of how it is transmitted and of methods of prevention. Access to affordable drugs is essential, as is strengthening existing health-care systems. Above all, financial resources must be mobilized for an effective response.

I believe that knowledge empowers, and that that kind of empowerment can effectively combat the spread of HIV/AIDS. In Tonga, that approach applies not just to HIV/AIDS but also to combating other infectious diseases. We must therefore educate those in leadership and teaching roles at all levels of our communities. Health workers in particular play a crucial role in this equation. All relevant information

on HIV/AIDS must be readily available. We must target both adults and young people in our communities.

We must also recognize that certain groups within our communities have a higher risk of infection. This might be due to social circumstances, age, employment situation or lifestyle decision. Information and awareness activities must target those groups to increase their knowledge and their awareness of their own vulnerability, to reduce their risk behaviour and to promote healthy lifestyle choices.

It is of grave concern that HIV/AIDS prevalence is higher among women and young girls than among any other group. There is clearly a need to develop measures to increase the capacity of women and young girls to protect themselves from the risk of infection. This might be done through prevention education and the provision of reproductive health services.

Living with a potentially fatal condition produces great stress and strain, and those people have special problems and needs that must be addressed. Those needs not only include health care and treatment, but also extend to social and spiritual support. People living with HIV/AIDS have a right to confidentiality and must not be subjected to discrimination, whether it be in the family, the workplace or the community. To address these issues, we must raise community awareness of the special needs of people living with HIV/AIDS by strengthening, where possible, existing health care and support services and by ensuring that quality counselling is available to all those involved.

Basic national health and social infrastructures are essential for the effective delivery of preventive and care services. Our national health system is currently overstretched as it is. It is therefore vital that our national health system be improved and strengthened in order to cope with the demands of HIV/AIDS. This would include the existence of a safe blood supply system that provides protection to donors, recipients and health workers.

As we have seen during the past two decades, HIV/AIDS is not just a health problem. Its widespread social and economic impact is potentially devastating in a small community such as ours, of just over 100,000 people spread over some 170 islands. It is therefore essential to coordinate the activities of the many different relevant agencies in order to attain the best and most effective response possible.

At the national level, the establishment of a network mechanism within and between Government, churches, non-governmental organizations and the private sector is crucial. An ongoing commitment from all those groups to the HIV/AIDS response must be developed. We also recognize the important role of non-governmental organizations in planning, implementing and monitoring the HIV/AIDS response. At the regional level, organizations must be equipped to support and strengthen efforts undertaken at the national level. In that regard the continuing presence of UNAIDS in the Pacific region is crucial.

In closing, we commend the commitments and leadership efforts that have been made thus far. In particular, we welcome the establishment of a global fund to combat HIV/AIDS and thank those who have expressed support and made pledges to this fund. A Pacific island nation like Tonga cannot combat HIV/AIDS effectively with its limited resources. In this regard, we wish to thank the Australian Agency for International Development (AusAID) and UNAIDS for their efforts in response to HIV/AIDS in the Pacific region. We look forward to participating in the regional ministerial meeting on HIV/AIDS to be held in Melbourne in October this year, and we welcome further such opportunities in the future.

We see this special session as a window of opportunity for reinforcing existing efforts to find the right approach. We therefore hope that the declaration of commitment to be adopted at this special session will lay a solid foundation for a global consensus on meeting the challenges ahead.

The Acting President: I give the floor to His Excellency Mr. Valery Filonov, Deputy Minister for Health Care of Belarus.

Mr. Filonov (Belarus) (*spoke in Russian*): On behalf of the President and the Government of the Republic of Belarus, our delegation sincerely welcomes the convening of this special session of the General Assembly on HIV/AIDS.

Until 1996 the Republic of Belarus was a country with a low HIV infection rate, with 5 to 20 new cases registered annually. Just as everywhere else in the world, sexual contact was the most common means of HIV transmission. A critical change occurred in 1996, with the rapid spread of HIV infection among intravenous drug users.

As of 1 June of this year, 3,587 cases of HIV infection had been registered in Belarus, or 37 cases per 100,000 people. The most common mode of HIV transmission — in 78.42 per cent of all registered cases — is among intravenous drug users. Of great concern is the fact that the majority of infections — about 80 per cent — have been diagnosed among young people of reproductive age.

It is extremely worrisome also that recently HIV has been spreading from drug users to the population as a whole.

Furthermore, not only has the number of HIV-infected young women been rising, but there has also been a great increase in the number of children they bear.

The Government of our country considers these facts as militating for the strengthening of efforts of our State and civil society in the combat against this pandemic. In order to control the spread of HIV infection and to devise holistic measures to address this scourge, a State programme on HIV prevention was adopted. Its implementation is handled by the newly established Inter-Agency Council on HIV and Venereal Disease Prevention, under the leadership of the Deputy Prime Minister. The Council coordinates the activities of various ministries, institutions and community-based groups.

The activities of the relevant ministries and institutions are focused on preventive measures, primarily among young people, and information is given free of charge. A great deal of attention is given to the needs of people living with HIV/AIDS. Appropriate medical care is given them, and advanced methods of treatment are being used, including multi-component therapy, all funded from the national budget.

To reduce the risk of vertical transmission of HIV/AIDS, since 1997 we have been using a drug-based preventive treatment for both mother and child, as well as Caesarean deliveries and artificial lactation for infants. At the present time the State budget can cover all those in need, but, in future, should the number of people infected with HIV/AIDS grow rapidly, then there will be a serious need for active international cooperation.

With respect to the affordability of methods of HIV/AIDS treatment, our delegation deems extremely important the establishment of global and regional mechanisms for the provision of HIV-related drugs, which should complement appropriate domestic measures and strategies. As a way of reducing the price of HIV-related drugs, we believe it is critically important to develop, where possible, domestic pharmaceutical capacities. Indeed, Belarus has synthesized and successfully tested an antiretroviral drug called *Zamitsit*.

Of the number of measures designed to prevent the spread of HIV/AIDS in Belarus, many target people who engage in unsafe behaviours. Such measures are implemented both by government agencies and within the framework of international projects and non-governmental organizations, with financial assistance from international donors, which should continue.

Belarus's holistic approach to combating HIV/AIDS has allowed us to somewhat stabilize the HIV situation in our country and to reduce the number of young people aged 15 to 19 who are infected, from 24.4 per cent of the total number of infected people in 1996 to 9.6 per cent in 2000. We have also decreased the incidence of HIV/AIDS incidence among conscripts, from 6.7 cases per 1,000 people tested in 1996 to 0.4 cases last year.

However, measures to prevent the spread of HIV/AIDS are extremely costly. In view of the spread of the pandemic in the context of globalization, this makes it absolutely essential to enhance international cooperation in this area.

In this regard, at the global level we deem it extremely important to strengthen system-wide coordination within the United Nations in the area of combating HIV/AIDS, including through the provision of active support for the activities of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and through multilateral and bilateral partners. We wish to stress in particular and to commend the high level of cooperation that has evolved between our Government and related United Nations agencies, including the country team in Minsk, in the area of combating HIV/AIDS.

We also deem it especially promising that the efforts of States in this area have been consolidated at the regional and subregional levels. This cooperation, in our opinion, could prove particularly effective for countries where similar factors are contributing to the spread of HIV/AIDS.

The Acting President: I give the floor to His Excellency Mr. David Bersh, Deputy Minister of Health of Colombia.

Mr. Bersh (Colombia) (*spoke in Spanish*): First of all, it is of the utmost importance to express gratitude to the United Nations for having devoted this special session to a public health issue that undoubtedly constitutes the most serious pandemic the human race has ever had to confront.

The number of HIV cases worldwide will soon be higher than the number of Second World War fatalities. In some countries more than half the people below the age of 15 will die as a result of this disease; that figure may reach two thirds if effective measures are not taken. Under these circumstances, it is hard to know what the future demographics of such populations will be. There still is no effective vaccine or cure for AIDS. Furthermore, there are considerable cultural difficulties involved in carrying out effective prevention.

For these reasons, I will repeat something that may seem alarmist but that is true: the human species has never faced a comparable epidemic. I can say this with the authority that comes from having been a member of the world Medical Research Council of the World Health Organization and having devoted my life to public health. This is why this United Nations decision to seriously confront the threat of AIDS is so important.

In Colombia, the number of AIDS cases has tripled in just two years. In terms of the number of reported cases, Colombia ranks fourth on the list of continental Latin American countries, although the incidence of AIDS is not known in a part of our country's population that is very vulnerable to this illness: people living in conflict areas. Aware of the great human, economic and social harm caused by AIDS, Colombia has adopted a firm political decision that will enable it to do everything necessary to address this problem.

This policy is clearly expressed in the national strategic plan against HIV/AIDS. The plan's general objectives are to consolidate intersectoral and institutional coordination in the country; strengthen activities in the fields of information, education and communication; promote social participation; mobilize the private sector; create programmes and projects for prevention and/or assistance for the most vulnerable populations; update, develop and disseminate the legal and regulatory framework for AIDS; strengthen the public health monitoring system; and carry out research, assessments and monitoring.

The policy is clear and genuine. The plan is developed through its programmes and activities, and we are prepared to make any adjustments recommended at this special session. But I must point out that what is lacking for its implementation in Colombia, as well as in other countries in similar conditions, is the required economic resources. These resources may come from international cooperation, but they can also come through better rationalizing of the costs involved in coping with AIDS.

For example, the high costs of the drugs presently being used, such as antiretroviral products, restrict considerably the prevention efforts that must be made. A simple and striking example of this is the fact that with what it costs in Colombia to treat a single AIDS case for one year, the social security health payments for 200 people for the same one-year period could be paid. As there are 22,000 recognized AIDS cases in Colombia, if the cost of antiretroviral drugs were reduced by half, then we would save enough on resources to be able to sign up 2 million poor people in the social security programme, or we could treat twice as many AIDS patients. Seen from this perspective, better rationalization of the cost of drugs used for AIDS would have a great impact on the health of millions of people.

The decisions that will be made in this Assembly will have a great impact not only on the well-being of all individuals, but, as I have said, on the very survival of the human species.

The Acting President: I give the floor to His Excellency Mr. Haik Darbinian, Deputy Minister for Health Care of Armenia.

Mr. Darbinian (Armenia) (*spoke in Russian*): It is a great honour for me to address this special session of the General Assembly on HIV/AIDS, speaking on behalf of the Government of Armenia. I hope that this historic meeting will make a qualitative difference to global cooperation under the auspices of the United Nations in curbing and fully eradicating this dire scourge that we inherited from the last century. It is extremely important to realize that meeting the challenges of the Millennium Summit depends directly, to a large extent, on the success of this session.

Acquired immunodeficiency syndrome (AIDS) is a serious threat to mankind as a whole; it is a threat to the social, economic and political well-being of millions of people. In this context, we think it is more than timely to recall what was said by the Secretary-General, Mr. Kofi Annan; it is a threat to an entire generation and to the whole of civilization. The fact that the crucial mission of combating this pandemic is under the direct control of the most authoritative international Organization attests to the global awareness of this threat to mankind. At the same time, it gives us hope that by pooling our efforts, under the auspices of the United Nations, mankind can conquer this terrible illness.

To date, Armenia has registered 153 cases of HIV infection. But an assessment of the situation shows that the true infection rate is really 10 to 15 times greater than the official statistics report. There are estimated to be actually between 1,500 and 2,200 HIV-infected persons in Armenia. Two ways of transmitting the disease predominate in Armenia: intravenous drug use and heterosexual contact. There are also a few cases of mother-to-child transmission and cases of transmission through homosexual and other contact.

The most promising way to counter this disease is through the establishment of intergovernmental mechanisms, the mobilization of governmental and non-governmental organizations, the mobilization of our financial resources, the widespread use of information and education programmes for various groups of the population and the widespread use of the media to promote a healthy lifestyle and responsible sexual behaviour. We also would like to say that such actions as the introduction of HIV/AIDS prevention programmes among vulnerable people, the introduction of sex education programmes, the introduction of systematic and effective epidemiological surveys and ensuring that donated blood is safe are all priorities in fighting the epidemic.

Preventive action is having some success, despite the obstacles encountered. We wish to point out the adoption of a law in my country called the HIV/AIDS prevention law. We also have very high-level professionals working in this area. An AIDS prevention centre is operating in Armenia, and it has great scientific and practical potential. I wish to note that despite the economic difficulties faced by countries in transition, my Government is allocating considerable resources to scientific research in this area. We hope that cooperation will be expanded and developed within the framework of the UNAIDS programme and the World Health Organization, as well as with other international structures.

Among the obstacles that we face on a daily basis, I would refer to the complexities of the present transitional period, primarily the lack of financial resources, which hampers full-scale prophylactic measures. My country's Ministry of Health has adopted a national strategic plan to combat the HIV/AIDS epidemic, whose aim is to mobilize the resources of public, private and international organizations, and to set up a powerful interdepartmental mechanism to combat the epidemic. This plan will be the basis for our national HIV/AIDS prevention programme in Armenia, which will be adopted in the near future.

In conclusion, I wish to express support for the draft declaration that has been introduced on commitment to combating HIV/AIDS. I am sure that this document will become a guide for the elaboration and adoption of national and regional strategies to combat this epidemic.

The Acting President: I give the floor to His Excellency Mr. Mohammad Abdulhasan, Chairman of the delegation of Kuwait.

Mr. Abdulhasan (Kuwait) (*spoke in Arabic*): I would like to say how much my country appreciates the efforts being made by the Secretary-General of the United Nations to confront the plague of HIV/AIDS. This morning, in his preliminary declaration at the opening of the special session of the General Assembly, he explained some of those efforts. I would like to recall some specific points. He wants to start an international fund to combat this terrible pandemic and we hope that this fund will indeed play a pioneering role in combating the spread of this disease and will serve to limit its devastating social and health consequences.

It is generally recognized that one of the greatest challenges in our world today is that of sustainable development, and we cannot achieve that goal until various intertwined factors are in place regarding the health of individuals and their society. This, of course, cannot happen in the absence of security and stability. It seems that wars are not the only scourge that threatens the safety and stability of man and society. Diseases threaten humankind, and they know no regional or geographical borders. The AIDS pandemic

is one of the most devastating of such diseases. It appeared two decades ago and spread rapidly to all continents. All the States of the world have suffered and experienced how dangerous this pandemic is. It is for this reason that the United Nations organized this special session — to elicit a world commitment to coordinated, intensive and well-targeted national and international measures.

One of the essential principles in putting an end to AIDS is the provision of preventive and therapeutic tools to prolong life and to carry out research into treatment and prevention, and apply it to the populations of the world on an entirely egalitarian basis.

We believe that one of the essential elements of prevention is to abide by the principles of the heavenly religions that ban some practices referred to today. The widespread nature of these practices is one of the main causes of the pandemic. We Muslims find in our religion the example to be followed. By respecting the precepts of our religion we have considerably circumscribed the damage caused by this pandemic.

Kuwait attaches great importance to preventing and managing AIDS. Knowing that the number of persons afflicted by this disease is not more than 100 in Kuwait, we have nevertheless created a special commission comprising the Ministries of Health, Information, Education, Interior and Foreign Affairs. On this basis we have created a general treatment policy and adopted programmes and plans to protect our population. Out of this main committee legal, technical and informational subcommittees have been created. Among Kuwait's successes I would like to mention the creation of a special office to follow developments and identify new cases with the participation of public health doctors and the Ministries of Health and Education. We have awakened students at the intermediate level to the seriousness of this disease and ways to prevent it. We treat patients in a humane and non-discriminatory manner and explain how they can make sure not to transmit this disease to their families. They can contact their doctors whenever they wish. Kuwait believes that all countries, and in particular African countries, have to be assisted. We call upon pharmaceutical companies to provide the necessary assistance to African countries and support the decision adopted by the 26th Conference of Ministers of the non-aligned movement in Johannesburg.

Let us join our efforts to contend with this devastating disease. Let us hope that this special session will produce a practical commitment that will limit the expansion of this disease and eliminate it.

The Acting President: I give the floor to His Royal Highness Prince Zeid Ra'ad Zeid Al-Hussein, Chairman of the delegation of Jordan.

Prince Al-Hussein (Jordan) (*spoke in Arabic*): I have the honour of representing my country at this special session of the General Assembly. We consider the question of the spread of HIV infection and the role of Governments and humanitarian organizations in combating it to be of extraordinary importance.

There is no doubt that we are facing a pandemic without precedent. As you know, it has resulted in millions of cases of death and is steadily growing in a number of regions of the world. We are facing a catastrophe with devastating effects on many countries, a calamity destroying the hopes of millions of people and damaging development efforts and living conditions. It has also resulted in a resurgence of other diseases. As well, it is making it impossible for the health services to fight other serious diseases, such as tuberculosis. This was regarded as a disease of the past but it has now returned.

The death of parents leads to children becoming orphans, left without the protection and tenderness that they need. In Jordan, in addition to strict controls over blood transfusions, the strategy of combating AIDS includes the following steps: first, we provide information and public-awareness programmes, in particular for the most vulnerable. Secondly, we emphasize sterilization and the avoidance of transmission through intravenous instruments. Thirdly, medical, social and psychological care and free medication are provided to HIV-positive individuals. Fourthly, we offer educational programmes in conjunction with the World Health Organization and the Joint United Nations Programme on HIV/AIDS.

Although in Jordan we have the lowest level of HIV infection in the world, we are fully aware that there are factors in our country that could cause an increase in infection if we do not adopt a strategy to fight this pandemic in accordance with international recommendations. This is why my Government has created a special centre to fight AIDS, a centre that provides counselling to those who are in need of it, in order to prevent the spread of AIDS and sexual

diseases. We also provide free health care to AIDS patients, following the guidance of experts. This care allows us to ease the patients' suffering and to improve their standard of living.

The President returned to the Chair.

Respect for the principles of human rights as regards those infected with AIDS is very important. The Government and charitable organizations should work together in order to implement the most elementary principles — such as providing humane treatment and counselling to AIDS sufferers with confidentiality. Stressing the legislative and juridical aspects in combating AIDS leads to a reduction in participation in AIDS programmes and an increase of patients' isolation, and non-access to the programmes. The work of non-governmental organizations goes hand in hand with the work being done by the Government in order to ease the sufferings of the patients and provide them with information and means of protection.

In addressing the issue of AIDS from this lofty rostrum we justify our Governments' attention to the subject of AIDS and this allows us, Governments, voluntary organizations and the private sector to cooperate in order to develop therapies, such as microbicides, to make sure that the rights of these patients to live in dignity are respected, and to take all measures possible to reduce infection with this disease.

The President: We have heard the last speaker in the debate for this meeting.

I would like to inform members that immediately following the adjournment of this meeting the 3rd meeting of the twenty-sixth special session of the General Assembly will be called to order.

The meeting rose at 7.15 p.m.